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MONTANA COMPREHENSIVE CHEMICAL DEPENDENCY PLAN

[FY 1984 - FY 1987]

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Prepared by:

Alcohol and Drug Abuse Division
Montana Department of Institutions

Governor, Ted Schwinden

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PREFACE

The Montana Chemical Dependency Plan was prepared by the Department of Institutions as required by 53-24-204(b) MCA. This is a four year planning document which covers fiscal years 1984 through 1987. The state plan is designed with the following objectives in mind:

1. To assist the citizens of Montana in understanding the problems of chemical dependency and efforts currently employed to deal with these problems;

2. To provide a policy document that promotes efficiency, cost effectiveness and availability of chemical dependency services within the state; and

3. To provide information to service providers, other agencies involved with chemical dependency services, state and local government agencies, and the Montana Legislature about the current status and future requirements of chemical dependency programming.

The department coordinated its planning process with the Montana Department of Health and Environmental Sciences and the Montana Health Systems Agency (HSA) to ensure that this document is in accord with the Montana State Health Plan.

Alcoholism is one of the most serious health problems facing Montana today; over 101,000 Montanans are estimated to suffer problems from alcohol use or misuse. Since 1980, Montana has ranked twelfth in the nation for per capita alcohol beverage consumption. The Montana Highway Patrol reports that 50% of all persons killed on Montana highways in 1983 had been drinking and 56% of all drivers killed had been drinking prior to the accident. Alcoholism impacts on many of the state's concerns -- from traffic fatalities to child abuse.

Although alcohol is the major drug of abuse in Montana, treatment statistics reveal that the state also has a serious multi-drug problem. Out of 5,690 clients admitted to the state-approved chemical dependency programs in 1983, 44% had a secondary drug problem and 16% had a tertiary problem with drugs other than alcohol.

There are currently 38 state-approved chemical dependency programs in the state with outpatient services provided in all counties. State-approved chemical dependency programs have averaged 9,415 first admissions per year since 1980; 5,512 were primary clients, 1,612 were family member clients and 2,291 were DUI court school clients. During the past four years, DUI admissions have nearly tripled from 1,219 in 1980 to 3,596 in 1983.

Since 1980, 50% of all clients admitted to state-approved programs have completed treatment. Of the clients who completed treatment, 54% were contacted six months after discharge; of those clients contacted, 75% reporting total abstinence and 58% were employed.

This plan is primarily based on information and problems identified in approved county chemical dependency plans. Chapter 5.0 contains a summary of each county's plan and a regional summary of common problems and concerns.

Major problems noted statewide are: (1) providing inpatient treatment to indigents; (2) a gap in the continuum of care resulting from the lack of transitional living facilities within the state; and (3) a decrease of public funds available for treatment programs due to decreased liquor sales.

State approved programs are basically funded by the earmarked alcohol tax and federal block grant funds. The earmarked alcohol tax is tied directly to the volume of alcoholic beverages sold in the state and is distributed to the counties based 85% county population/15% county land area to total state population and area. Federal block grant funds are awarded to local programs on a competitive contract basis. The 1983 legislature authorized the expenditure of block grant carry over funds to alleviate any shortfall of earmarked alcohol revenues during FY 1984. This action maintained current level services in FY 1984, but will not maintain current level services in FY 1985.

Essentially, a one-time infusion of federal funds offset the reduction of alcohol earmarked tax this biennium, but such infusion will not be available again in the foreseeable future. Unless the funding mechanism for chemical dependency programs is changed, a continued decrease in the consumption of liquor will result in a reduction of funding available to chemical dependency programs which depend upon public funding.

Due to the above funding problems, the department has encouraged state approved programs to generate additional revenues from fees paid by those persons to whom services are provided. Legislation passed by the 1983 legislature which requires insurance coverage for alcoholism and drug abuse treatment may assist the programs in their efforts to generate additional services fees.

Based on information and common problems identified in county plans, program performance documentation, legislative priorities and the current funding situation, the department has identified four long term priorities: (1) maintaining the current level of services, (2) maintaining the quality of services, (3) allocating resources ensure, efficiency, and non-duplication, cost effectiveness and availability of services, and (4) encouraging local communities and state-approved programs to play the primary role in the development and implementation of prevention activities. This document details a workable plan for dealing with Montana's chemical dependency problems and will ensure the continued availability of quality treatment services to the people of Montana.

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1.0 State Agency Policy and Planning Process

1.1 Introduction

The Department of Institutions, Alcohol and Drug Abuse Division is required by state law to prepare a long term [four year] state plan for chemical dependency. The Montana Comprehensive Chemical Dependency Plan is a public document that presents a coordinated plan for the development and implementation of alcohol and drug abuse prevention, treatment and rehabilitation programs for the entire state.

The plan serves as a basis for the utilization of federal, state and all other available resources in planning, establishing, maintaining, coordinating and evaluating prevention, treatment and rehabilitation projects and programs for alcohol and drug abusers within the state.

The state chemical dependency plan is to be used as a guide for coordinated statewide efforts; it is not intended to be an unchanging document, but is designed as a workable tool for use by all groups and agencies working with alcohol and drug abuse within the state.

1.2 Purpose

Under delegated authority from the Director, Department of Institutions and 53-24-204 MCA the Alcohol and Drug Abuse Division will:

1) Approve treatment programs in accord with 53-24-208 and the Administrative Rules of Montana, Vol. 7, Chapter 3.

2) Prepare an long term [four year] state chemical dependency plan for the delivery of treatment services.

3) Provide and conduct statewide service system evaluations.

4) Distribute state and federal funds to the counties for approved treatment programs in accordance with the provisions of 53-24-206 MCA.

5) Plan in conjunction with approved programs and provide for training of program personnel delivering services to chemically dependent persons.

6) Establish criteria for development of new programs.

7) Certify chemical dependency counselors.

8) Plan for the greatest utilization of funds by discouraging duplication of services; encourage efficiency of services through existing programs; and encourage rural counties to form multi-county districts or to contract with urban programs for services.

9) Cooperate with the Board of Pardons in establishing and conducting programs to provide treatment for chemically dependent and intoxicated persons in or on parole from penal institutions.

1.3 Program Philosophies and Policies

The statewide philosophy for delivery of alcohol and drug abuse services must be sensitive to situations unique to Montana. While Montana ranks fourth in geographical area [147,128 square miles] it ranks 38th among states in population with approximately five persons per square mile. The racial distribution of the state is 94 percent white, with the remainder being predominantly American Indian.

Administration

Responsibility for all functional activity carried out under the Montana Comprehensive Chemical Dependency Plan rests with ADAD staff, the State Advisory Council on Alcohol and Drug Dependency with final authority from the Director, Department of Institutions.

The Advisory Council is composed of ten members appointed by the Department Director and approved by the Governor. The council meets at least quarterly to review and recommend policy, to evaluate project and program activities and to recommend priorities for action and expenditures. [See Exhibit 1 - List of Council Members]

The administration of chemical dependency programs by the state is designed to accomplish the following:

1) Assure that all state-approved chemical dependency treatment service providers meet the provisions of Chapter 24 of Title 53 MCA.

2) Assure that outpatient services are available to all Montana counties.

3) Assure that all funded service providers operate at an optimum level.

4) Assure that clients are provided a continuum of services and are not lost in the referral process.

5) Assure that treatment services are not duplicated within counties.

6) Assure that special populations [minorities, youth, women, aged] receive adequate and appropriate services.

Treatment and Rehabilitation

The purposes of treatment and rehabilitation programs are to minimize identifiable problems caused by alcohol and drugs for individuals and for society, while increasing abuser participation in socially acceptable, productive activities as an alternative to dysfunctional abuse. The use of any chemical substance, legal or illegal, which creates behavioral or health problems resulting in operational impairment is viewed as chemical dependency.

1.4 County Planning Process

In accord with 53-24-211 MCA, local planning for chemical dependency services is the responsibility of each county's board of commissioners. County plans

EXHIBIT 1

MONTANA ADVISORY COUNCIL ON ALCOHOL
AND DRUG DEPENDENCY
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will be developed every four years with an annual expenditure update. County plan guidelines are provided by the Division and a standardized format is used by each county. The guidelines also allow for development of multi-county plans. County Plans include the following sections:

1) Analysis of County Needs
2) Treatment and Rehabilitation
3) Fiscal Year Action Strategy
4) Prevention

County plans provide the Division with uniform planning information, local needs and priorities and also solutions to local service delivery problems. As part of the planning process, counties must determine special population needs including the needs of American Indians. County alcohol tax monies are allocated as part of each year's county plan update subject to approval by the Department of Institutions.

County plans must be submitted to the Department of Institutions, Alcohol and Drug Abuse Division for review every four years by December 31st. Annual expenditure updates must be submitted each year for review by December 31st. [See Exhibit 2, Planning Schedule).

1.5 State Planning Process and Coordination with other Agencies

Planning Process

Responsibility for preparation of the State Chemical Dependency Plan will continue to rest with the Alcohol and Drug Abuse Division. Preparation of the state plan is based on needs and information identified in county plans, legislative priorities and from program performance documentation, cost data and relevant statistical information. The Division will prepare a long term [four year] plan draft for review by the State Advisory Council, treatment providers and the general public. Statewide priorities are recommended by the State Advisory Council based on county plan priorities, ADAD staff recommendations and funding availability subject to final approval by the Department Director.

Each Administrative Officer within the Division is responsible for developing annual work plans for their respective areas of responsibility based on needs assessment information, county and state priorities and legislative mandates. The annual ADAD work plan is reviewed by the State Advisory Council for recommendations.

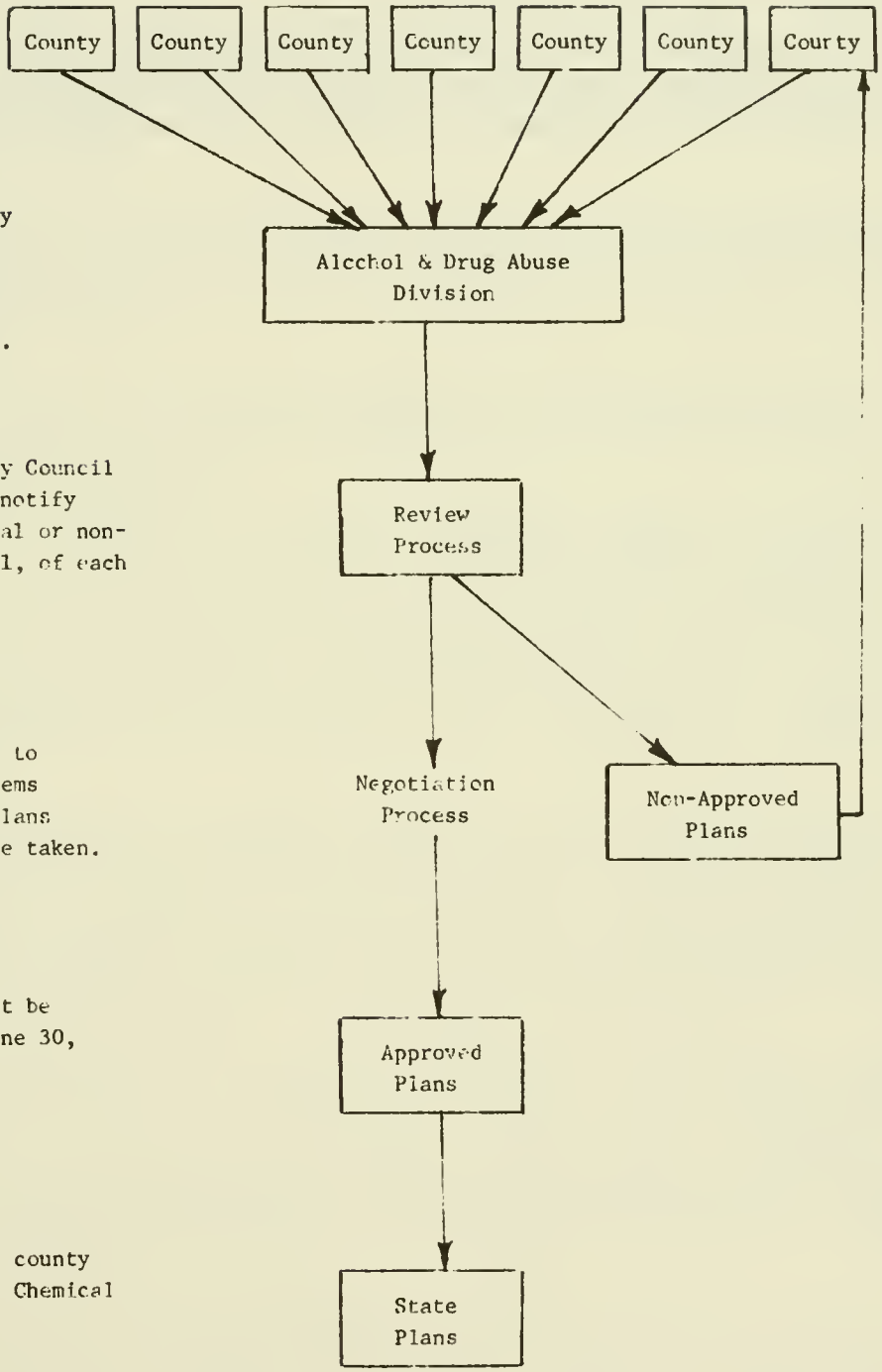
Coordination With Other Agencies

The Division recognizes the need to continually improve coordination among state agencies for certain aspects of the total service delivery system. The Department of Institutions, Alcohol and Drug Abuse Division, has the primary responsibility but other state departments have specific functions. This Department intends to create every opportunity for meaningful involvement of other state departments having a role in the delivery of chemical dependency services throughout the state. Working relationships have been developed with

Exhibit 2

PLANNING PROCESS

- County or Multi-County Plans
- Counties must submit County Chemical Dependency Plans every 4 years and updates every year to the ADAD by December 31, of each year*.
- ADAD and the State Advisory Council will review all plans and notify counties of initial approval or non-approval of plan by April 1, of each year.
- ADAD will communicate back to counties any and all problems relating to non-approved plans so corrective action can be taken.
- All plans or revisions must be approved by the ADAD by June 30, of each year*.
- ADAD will use all approved county plans to develop the State Chemical Dependency Plan.



* If dates are not met, the Department may no longer allocate tax monies to counties.

the Departments of Health and Environmental Sciences, Social and Rehabilitation Services, Justice, Highways and the State Office of Public Instruction.

The Alcohol and Drug Abuse Division coordinates the planning process with the Montana Health Systems Agency and the Department of Health and Environmental Sciences to ensure consistency with the Montana State Health Plan.

2.0 Administration

2.1 Alcohol and Drug Abuse Division Organization

The Alcohol and Drug Abuse Division exists within the Department of Institutions and is the designated state authority for alcohol and drug services. All major management functions, with the exception of sub-contractor reimbursement and on-site financial monitoring are performed by ADAD staff; the latter two functions are the responsibility of the Department's Management Services Division.

ADAD staff roles and responsibilities are divided into three functional areas: Operations and Support, Planning and Coordination and Standards and Quality Assurance. Responsibilities for these three functional areas are shown on the organizational chart in Exhibit 3.

2.2 Administration of Chemical Dependency Programs and Distribution of Funds

Distribution of Liquor Tax Funds

The Department of Institutions distributes earmarked alcohol tax monies to counties based on a formula of 85 percent of a counties population in proportion to the total state population and 15 percent is allocated to the counties according to the proportion of the county's land area to the state's land area. The law also provides for incorporated cities to receive 30 percent of the liquor tax from the County Treasurer and for counties to retain 4.5 percent for administration [See Tables 1 and 2, Liquor Tax Distribution Information].

The Department distributes its limited discretionary funds each fiscal year to qualifying programs on a contract-for-services basis. Contract awards are made based on priorities established by the legislature and priorities delineated in state and county chemical dependency plans. Recommendations for distribution of discretionary funding are made by the Division's grant review committee, Division Administrator, State Advisory Council with final approval from the Director of the Department of Institutions. [See page 73]

Although it is projected that the alcohol earmarked tax will decline in FY85, it is the Department's intent to try and maintain the same level of public funding as was available in in FY 85. The legislature has allowed the Department to augment liquor tax monies with federal block grant funds to alleviate the shortfall between liquor tax projections and actual revenue; however, if liquor sales decrease by more than the projection the state will be unable to augment the shortfall.

If this trend continues, community programs will, in the FY 86-87 biennium, be operating with a lower level of public funds than in FY84-85. The Department believes it is imperative that programs generate a higher percentage of their operating budget from service revenue and decrease their dependence on public support.

TABLE 1

ESTIMATED LIQUOR TAX
FY 85

Earmarked Alcohol Revenue

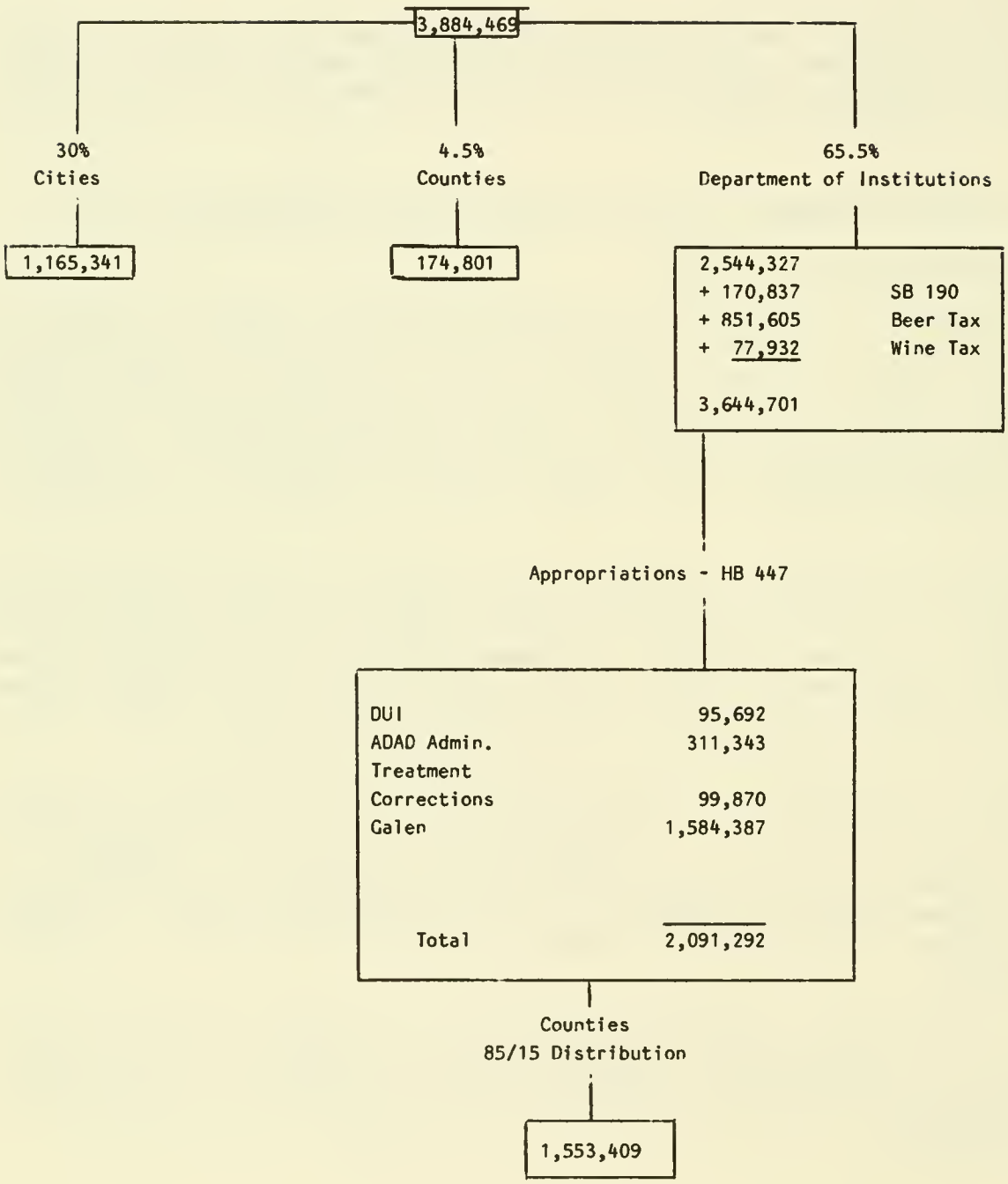
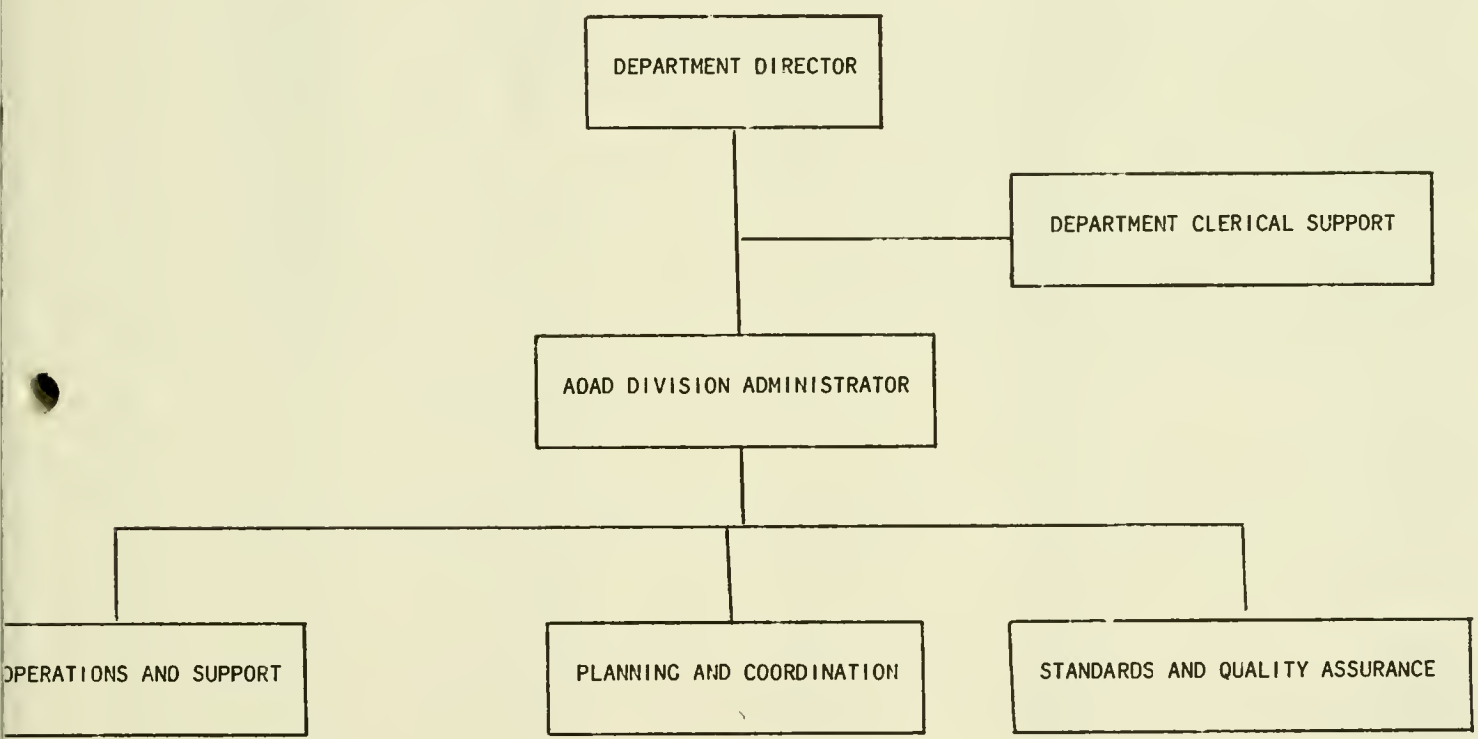


EXHIBIT 3

DEPARTMENT OF INSTITUTIONS

Alcohol and Drug Abuse Division

Organizational/Functional Chart



- Contract Monitor/Management
- Information/Data Systems & Reporting
- Budget Preparation/Status
- Program Cost Analysis
- Technical Assistance in Financial Administration, Contracts, Information Systems

- County and State Planning
- Intraagency Coordination
- Federal Liaison
- Information Clearinghouse/ Newsletter
- Technical Assistance in Planning

- Policy and Standards Development
- Program Evaluation and Approval
- Certification and Training
- Technical Assistance in Evaluation and Certification

FY 84 & 85 Estimated Alcohol Distribution by County of Alcohol Earmarked Tax and Federal Block Grant Funds to provide the projected amount of $1,837,973. TABLE 2

	FY84 Actual	FY85 Actual	FY85 Actual	FY85 Estimated
Beaverhead	23,889	2,905	22,645	4,148
Big Horn	28,150	3,423	26,684	4,888
Blaine	19,628	2,387	18,606	3,408
Broadwater	7,804	949	7,398	1,355
Carbon	17,840	2,169	16,911	3,098
Carter	8,790	1,069	8,333	1,526
Cascade	147,431	17,926	139,757	25,602
Choteau	17,433	2,120	16,525	3,027
Custer	29,572	3,596	28,033	5,135
Daniels	7,462	907	7,074	1,296
Dawson	24,918	3,030	23,621	4,327
Deer Lodge	23,424	2,848	22,204	4,068
Fallon	9,427	1,146	8,937	1,637
Fergus	30,336	3,689	28,756	5,268
Flathead	100,732	12,248	95,489	17,492
Gallatin	80,181	9,749	76,006	13,923
Garfield	10,469	1,273	9,924	1,818
Glacier	23,838	2,899	22,597	4,139
Golden Valley	3,806	463	3,608	661
Granite	7,714	938	7,312	1,339
Hill	36,806	4,475	34,890	6,391
Jefferson	15,244	1,854	14,451	2,647
Judith Basin	7,867	957	7,457	1,366
Lake	36,279	4,411	34,391	6,300
Lewis & Clark	82,111	9,984	77,836	14,259
Liberty	6,559	798	6,218	1,139
Lincoln	37,725	4,587	35,761	6,551
Madison	9,196	1,118	8,717	1,597
McCone	15,617	1,899	14,804	2,712
Meagher	7,797	948	7,391	1,354
Mineral	8,576	1,043	8,130	1,489
Missoula	139,059	16,909	131,821	24,148
Musselshell	11,035	1,342	10,460	1,916
Park	26,865	3,267	25,467	4,665
Petroleum	3,960	481	3,753	688
Phillips	18,324	2,228	17,370	3,182
Pondera	14,705	1,788	13,939	2,553
Powder River	10,025	1,219	9,503	1,741
Powell	16,275	1,979	15,428	2,826
Prairie	6,178	751	5,857	1,073
Ravalli	43,869	5,334	41,585	7,618
Richland	25,202	3,064	23,890	4,376
Roosevelt	22,573	2,745	21,398	3,920
Rosebud	26,053	3,168	24,697	4,524
Sanders	20,064	2,440	19,020	3,484
Sheridan	12,455	1,514	11,806	2,163
Silver Bow	68,678	8,351	65,103	11,926
Stillwater	12,950	1,575	12,276	2,249
Sweetgrass	8,808	1,071	8,350	1,530
Teton	15,377	1,870	14,577	2,670
Toole	13,145	1,598	12,460	2,283
Treasure	3,404	414	3,226	591
Valley	26,568	3,231	25,185	4,614
Wheatland	6,580	800	6,238	1,143
Wibaux	4,120	501	3,905	715
Yellowstone	195,822	23,810	185,629	34,006
TOTAL	1,638,715	199,258	1,553,409	284,564

Distribution of Drug Funding

Drug services are funded by federal block grant monies and a general fund appropriation. There are currently 12 funded drug clinics operated by state-approved chemical dependency programs throughout the state with services available in all regions.

The Department will continue to contract block grant and the General Fund appropriated to approved programs providing drug services. The Department will contract with the South Central Montana Regional Mental Health Center in Billings, Rimrock Foundation in Billings, Recovery Foundation in Missoula, Flathead Valley Chemical Dependency Center in Kalispell, Gallatin Council on Health and Drugs in Bozeman, and the Providence Center in Great Falls for drug services based on a cost per unit of service mechanism. All other drug programs again will be funded on the slot cost mechanism and be expected to maintain 100% utilization rates of their allotted treatment slots. With the addition of District II and District III programs funding is available for a minimum number of 405 outpatient clients monthly with coverage in all five regions of the state. The Department believes that the cost per unit of service mechanism for funding chemical dependency services is the most cost effective method for funding programs and will benefit programs particularly those who are implementing intensive outpatient services. [See page 74]

The Division uses its competitive contract process to distribute these monies each fiscal year. Criteria used for the distribution of drug funding include:

1. Adherence to instructions and completeness of the Department's funding application packet.

2. Evidence that drug services are needed based on the ratio of clients admitted during the previous year with a primary drug problem other than alcohol and marijuana.

3. Identification and documentation of need as addressed in the current fiscal year's County Chemical Dependency Plan.

4. Consideration of the number of drug services [treatment slots] presently available within the region compared to the region's population.

Administration of Chemical Dependency Programs

Counties are responsible for:

- Planning - determining the best allocation of alcohol tax monies given local and state constraints and development of a county chemical dependency plan.

- Provider Selection - Choosing and contracting with the provider(s) best qualified to deliver a service. Monies must be allocated to state-approved programs.

- Contract Compliance - Monitoring the activities of chosen contractors to assure optimum performance and making appropriate contract enforcement actions if necessary.

The Alcohol and Drug Abuse Division administers statewide chemical dependency services based on the following activities:

- Planning - Preparation of a long term state plan for chemical dependency based upon needs and information identified in county plans and legislative priorities.

- Funding - Distribution of Department discretionary block grant monies to state-approved programs that meet funding priorities.

- On-Site Program Evaluation and Approval - Alcohol and Drug Abuse Division staff conduct, at least annually, intensive on-site reviews of providers to ensure compliance with state laws and standards and to determine program approval status.

- Collection of Treatment Statistics - The Division will collect treatment statistics from all state-approved chemical dependency programs using the computerized Alcohol and Drug Information System [ADIS].

As mandated by law, programs are state approved or disapproved on an annual basis according to specific approval criteria. A program must achieve and remain in approved status to qualify for state and county liquor tax funds.

.3 Contract Process and Contract Monitoring

The Division will continue to follow a standardized procedure for reviewing proposals and awarding discretionary contracts. A Bidder's Conference is held each year to inform applicants of the contract system, funding priorities and review criteria.

It is the responsibility of the Division's Operations and Support Manager to monitor programmatic compliance of each contract and the Department's Management Services Division to monitor financial compliance.

.4 Management Information System

ADAD recognizes that accurate data is essential for efficient program planning, management and evaluation. The Division will collect and analyze statistical data from all state-approved treatment facilities according to state law, Section 53-24-208 MCA. All state approved chemical dependency programs report on the Alcohol and Drug Information System [ADIS] as a requirement of state approval.

Basic descriptive information about each client is collected at admission, discharge and follow-up [6 months after completion of treatment]. Information collected on the ADIS is used by the Division:

- to provide data comparing all programs using a standardized procedure
- to assist the Division in assessing the need for additional services and in determining contract levels
- to assist in evaluation and management of existing programs
- to analyze programs' client populations
- to respond to requests for information

Output reports which summarize ADIS data are distributed for use by each program on a monthly basis. The output contains information about each reporting program. The following output reports are sent to all programs on a regular basis:

- Rejected TRansactions Report - identifies all admission/readmission, discharge and follow-up reports which have been rejected due to reporting errors each month.

- Client Admission Characteristics Report - provides demographic and socio-economic information at admission for alcohol/drug, family and DUI clients.

- 90-Day Caseload Report - lists all treatment and DUI clients on active or inactive [not discharged] status at the end of each report month.

- Monthly Summary Report - Summarizes caseload, staffing, prevention and non-client contact information for all state approved programs during the report month.

- Monthly Follow-Up Listing - lists all alcohol and drug clients due a mandatory 6 month follow-up.

- Program Effectiveness Report - summarizes follow-up information and measures client changes between admission and discharge and between admission and the mandatory 6 month follow-up.

The Division processes approximately 3,000 report forms each month. In addition to processing ADIS data, Division staff provide technical assistance and training to treatment personnel in data collection and data utilization.

2.5 Evaluation and Program Approval

Comprehensive on-site reviews of treatment programs are conducted on an annual basis prior to issuance of a state-approval certificate. On-site reviews are conducted in accordance with 53-24-208 MCA and Vol. 7, Title 20, Chapter 3 of the Administrative Rules of Montana. Procedures for conducting on-site evaluations have been published in the Montana Program Approval and Evaluation Manual for Alcoholism and Drug Abuse Treatment.

The purpose of the on-site program evaluation process is as follows:

- To approve or disapprove alcohol and drug programs

- to help ensure statewide compliance with state and applicable federal standards
- to improve program performance and client service levels
- to help achieve efficiency and economy in program operations
- to assist in determination of program funding levels and approval of contracts
- to determine areas of needed technical assistance and training
- to gather data for development of additional state standards for program performance

Any chemical dependency program receiving alcohol earmarked revenue funds under 53-24-108 MCA or Federal block grant funds is subject to approval by the Department of Institutions. The Department will issue approval for the following service components:

- Detoxification [emergency care] component
- Inpatient [hospital care] component
- Inpatient [free-standing care] component
- Intermediate [transitional living care] component
- Outpatient care component

Program Approval Process

Programs seeking approval for the first time or a program that proposes to add a new service must submit written application to the Department of Institutions, Alcohol and Drug Abuse Division. Within thirty days of receiving the application, the applicant will be notified in writing of acceptance or denial. If the application is accepted an on-site review will be scheduled.

All approved chemical dependency programs will receive at least one on-site inspection per year. If a program is determined to be in substantial compliance with state requirements, the department will renew a certificate of approval to the program for one year. Any approved chemical dependency program that fails to meet substantial compliance will be issued a restricted approval which will be valid for not more than ninety days. Prior to expiration of the restricted approval, ADAD will conduct a follow-up inspection to determine if substantial compliance has been obtained. In the event substantial compliance has been obtained, approval status will be granted. If the program fails to meet substantial compliance, the department will begin steps to revoke the program's approval status. When the department begins procedures to remove a program's approval status, the program may request a hearing in accordance with procedures specified in the Administrative Procedures Act.

Definitions relating to program approval are as follows:

Approval - a status granted to a chemical dependency treatment program determined to be in substantial compliance with state requirements and applicable federal requirements.

Limited Approval - a status of state approval granted to chemical dependency treatment programs which are requesting approval for the first time and that have not attained substantial compliance. Limited approval is granted to give new programs time to comply with state standards.

Restricted Approval - a status of state approval granted to an approved chemical dependency program which has failed to maintain substantial compliance. Restricted status is issued for a maximum of ninety days in order to allow the program to meet substantial compliance. This approval cannot be renewed.

Revoke - invalidation of approval of a chemical dependency program.

Substantial Compliance - conformity with at least 70 percent of the rules and regulations for each applicable service component as published in the Administrative Rules of Montana.

Suspension - invalidation of approval of a chemical dependency program for any period less than one year or until the department has determined substantial compliance and notifies the program of reinstatement.

2.6 Certification and Training

Certification

The State of Montana chemical dependency counselor certification system resulted from legislation passed by the 1980 legislative session, and is explained in full under sections 20.3.401 through 20.3.406 of the Administrative Rules of Montana. The system, fully operational since April 1, 1980, certifies all chemical dependency counselors employed in state approved programs, as well as those applicants who, for various reasons, wish to attain certified status.

Certification is a two tier structure based upon a point system. Tier one is a general chemical dependency certification with points given for work experience, college coursework, structured workshop training, performance on a written examination, and performance ratings on a taped work sample. Tier two provides endorsements in the three fields of: 1) Chemical Dependency Counseling; 2) Education/Prevention; and c) Management and Supervision.

Endorsements are acquired by points assigned based on oral examination.

Upon submission of a registration form, obtainable from the Alcohol and Drug Abuse Division, each applicant is sent a certification package containing the information and forms from which pre-certification credits or points accrue. The number of points awarded, resulting from submitted documented information determines the applicants' progression through the examination process and subsequent certification.

All counselors employed in state approved chemical dependency programs must be certified. These persons are afforded a period of one year from the date of first employment as a counselor to attain certified status.

Recertification is mandatory after a three year period and requires the acquisition of 30 points from training and work experience during the allotted time. Failure to attain re-certification results in certificate suspension until requirements are satisfied.

Further information and detailed instructions regarding the system may be obtained from the Certification Section, Alcohol and Drug Abuse Division, 1539 11th Avenue, Helena, MT 59620.

Training

Since ADAD funding for training activities is non-existent, all programs will be encouraged to provide regional or district training, charging minimal participant fees, and employing program or other available persons as trainers. ADAD will provide training need priorities by summarizing training information supplied through the counselor certification system. A training calendar listing all available information pertaining to in and out-of-state training will be published and made available, on a quarterly basis, to chemical dependency programs and personnel. All proposed training presentations will be reviewed by ADAD to ensure compliance with certification requirements. Applicants for training approval will be notified of certification status.

If training funds should become available, ADAD will consider contracting for special training events essential to all program operations such as obtaining insurance payment for treatment, recordkeeping, billing, accounting procedures as well as treatment oriented subjects.

2.7 Prevention

Prevention of alcohol and drug abuse in Montana is predicated on the philosophy that each individual is responsible for his own actions and given accurate and sufficient information and education, will make responsible decisions. The ADAD prevention mission is to provide all citizens of Montana with the information necessary for them to make responsible decisions about use of alcohol and drugs, to promote alternatives to alcohol and drug abuse and to educate parents, teachers, health professionals and social service personnel in effective techniques for promoting prevention activities of other state and local agencies.

ADAD strongly urges local communities to play the primary role in the development and implementation of prevention activities and community commitment toward program continuation funding. Staff and funding limitations at the state level makes it imperative that available time and resources be directed towards supporting community based prevention projects.

Under provisions of block grant funding, all drug clinics will be required to provide prevention, education and early intervention activities. Each contract awarded to chemical dependency programs for drug services will require that 15 percent of the budget be used to provide prevention programming. Also, all drug clinics will be required to develop measurable objectives relating to prevention activities and these objectives will be included as part of each contract. The Division will be responsible for monitoring progress toward stated goals and objectives on a quarterly basis.

Staff and funding limitations at the State level again make it imperative that available time and resources be directed toward supporting community based prevention activities. ADAD funding guidelines stress program funding and development at the county level with strong community support for prevention activities and a local commitment toward program continuation funding.

The Division still continues to encourage the implementation of the Montana's Teacher Guide for Alcohol Education in grades K - 12. Although efforts at its implementation have been frustrated by lack of money for funding and a lack of support by the Office of Public Instruction, its use is still supported by the Division. The Department will continue to print and distribute a limited amount of copies based on available funds. The Department will continue to provide on a limited basis, alcohol and drug booklets and pamphlets to individuals and organizations, and will distribute all bulk materials received from the National Institute on Drug Abuse and the NIAAA.

Under provisions of Block Grant funding, all drug clinics will be required to provide prevention, education and early intervention activities at the level required in FY 84. Each contract for drug program services will require that 15% of the budget be used to provide prevention programming. Also, all drug clinics will be required to develop measurable objectives related to prevention activities and these objectives will be included as part of each contract. The Division will be responsible for monitoring progress toward stated goals and objectives along with expenditures on a quarterly basis. While prevention is not a requirement by contract, the department will monitor all alcohol programs under contract with the department to determine the level of expenditures for prevention in order to ensure that an acceptable amount is being utilized.

Statewide Service Systems

Care Components

The Montana chemical dependency treatment system includes the following care components:

Detoxification [emergency care] component - services required for the treatment of persons intoxicated or incapacitated by alcohol and/or drugs. Detoxification involves clearing the system of alcohol and/or drugs and enabling individual recovery from the effects of intoxication. These services include screening of intoxicated persons, counseling of clients to obtain further treatment, and referral of detoxified persons to other appropriate treatment programs. Medical detoxification refers to short term treatment in a licensed medical hospital. Non-medical detoxification refers to short term treatment in a social setting with 24-hour supervision.

Inpatient [hospital care] component - treatment for persons requiring 24-hour supervision in a licensed hospital or suitably equipped medical setting licensed by the Department of Health under Section 50-5-201 MCA. Services include medical evaluation and health supervision; alcoholism education; organized individual, group and family counseling; discharge referral to necessary supportive services; and a client follow-up program after discharge.

Inpatient [free-standing care] component - treatment for persons requiring 24-hour supervision in a community based residential setting. Services include a physical exam signed by a licensed physician; alcoholism education; organized individual, group and family counseling; discharge referral to necessary supportive services and a client follow-up program after discharge.

Intermediate [transitional living care] component - a non-medical residential facility in a community based setting. These facilities provide a transitional phase for individuals who have recently received alcoholism inpatient care services and require a moderately structured living arrangement. Services provided include counseling services [individual and group], alcoholism education and social and recreational activities. These individuals are encouraged to seek vocational rehabilitation, occupational training, education and/or employment as soon as possible.

Outpatient care component - services provided on a regularly scheduled basis to clients residing outside a program. Services include crisis intervention; counseling; alcohol education; referral services; and a client follow-up program after discharge.

Specific approval standards for the individual care components can be found in Volume 7, Title 20, Chapter 3 of the Administrative Rules of Montana with further explanation in the Montana Program Approval and Evaluation Manual for Alcoholism and Drug Abuse Treatment Programs.

3.2 State-Approved Chemical Dependency Programs

Publicly supported chemical dependency services in Montana are delivered in three major settings: 1) community outpatient programs, inpatient programs serving a statewide clientele and programs at State institutions, such as Galen and the correctional institution chemical dependency programs. There are also chemical dependency programs throughout the state which are not publicly funded that have met state standards and have fulfilled all requirements of state approval.

Following is a list, by region, of state approved chemical dependency programs and approved care components.

REGION I

Programs	Approved Care Components
1. FRANCES MAHON DEACONESS HOSPITAL/ CHEMICAL DEPENDENCY CENTER P. O. Box 4715 Glasgow AFB, MT 59231 Telephone: 524-6281	Inpatient
2. DISTRICT I ALCOHOL PROGRAM Roosevelt County Courthouse P. O. Box 328 Wolf Point, MT 59201 Telephone: 653-2131	Outpatient
Satellite Offices	
Phillips County Alcohol Program P. O. Box 1414 Malta, MT 59538 Telephone: 654-2005	Outpatient
Sheridan County Alcohol Program Courthouse Plentywood, MT 59254 Telephone: 765-2361	Outpatient
Daniels County Alcohol Program City Hall P. O. Box 385 Scobey, MT 59263 Telephone: 487-5091	Outpatient
Alcohol & Drug Abuse Services Courthouse Annex Glasgow, MT 59230 Telephone: 720-9093	Outpatient

3. DISTRICT II ALCOHOL & DRUG PROGRAM — Outpatient/Contracted Drug Abuse Services
204 N. Kendrick - Suite 207
Glendive, MT 59330
Telephone: 365-5942
365-3050

District II Satellite Offices — Outpatient

Sidney Alcohol Satellite
Medical Arts Bldg.,
1209 2nd Street SW
Sidney, MT 59270
Telephone: 482-4097
Services also provided in
Circle, Terry and Wibaux

4. DISTRICT III CHEMICAL DEPENDENCY SERVICES — Outpatient/Contracted Drug Abuse Services
108 N. Haynes
Miles City, MT 59301
Telephone: 232-6542
Also serves Broadus, Jordan,
Plevna and Ekalaka

District III Satellite Offices

Old Hospital Building — Outpatient
Box 251
Forsyth, MT 59327
Telephone: 356-2670
Also serves Hysham, Ashland,
& Lame Deer - Outpatient

Rosebud County Human Services — Outpatient
422 Willow
P. O. Box 750
Colstrip, MT 59323
Telephone: 748-2800

P. O. Box 478 — Outpatient
Baker, MT 59313
Telephone: 778-2944

5. PINE HILLS SCHOOL FOR BOYS — Outpatient/Correctional Facility
CHEMICAL DEPENDENCY PROGRAM
Miles City, MT 59301
Telephone: 232-1377

REGION II

Programs	Approved Care Components
1. MEDICINE PINE LODGE P.O. Box 426 Browning, MT 59417 Telephone: 338-7178	Detoxification, Intermediate care, Outpatient
2. FORT BELKNAP TRIBES ALCOHOL PROGRAM Fort Belknap Reservation P. O. Box 459 Harlem, MT 59526 Telephone: 353-2205 Extensions: 432, 433, 434	Detoxification, Intermediate care, Outpatient
3. HILL-TOP RECOVERY CENTER P. O. Box 750 1020 Assiniboine Havre, MT 59501 Telephone: 265-8665	Inpatient-Free Standing Outpatient
4. PROVIDENCE 401 3rd Avenue North Great Falls, MT 59401 Telephone: 727-2512	Outpatient/Contracted Drug Abuse Services
5. ROCKY MOUNTAIN TREATMENT CENTER, INC. 920 4th Avenue North Great Falls, MT 59405 Telephone: 727-8832	Inpatient-Free Standing
6. DEACONESS MEDICAL CENTER Chemical Dependency Unit 1101 26 Street South Great Falls, MT 59405 Telephone: 761-1200 Ext. 5200	Inpatient-Hospital

REGION III

Programs	Approved Care Components
1. RIMROCK FOUNDATION Box 30374 Billings, MT 59107 Telephone: 248-3175	Detoxification, inpatient-Free Standing, Outpatient/ Contracted Drug Abuse Services
2. SWEET GRASS COUNTY CHEMICAL DEPENDENCY PROGRAM P.O. Box 757 Big Timber, MT 59011 Telephone: 932-5145	Outpatient

3. BIG HORN COUNTY CHEMICAL DEPENDENCY PROGRAM
809 N. Custer
Hardin, MT 59034
Telephone: 665-3542

Outpatient

4. ALCOHOL AND DRUG SERVICES OF CENTRAL MONTANA
P. O. Box 963
Lewistown, MT 59457
Telephone: 538-8421

Outpatient

Alcohol & Drug Services of Central Montana Satellite Office

Wheatland Family Services
P.O. Box 633
Harlowton, MT 59036
Telephone: 632-4778

Outpatient

5. MUSSELSHELL COUNTY ALCOHOL AND DRUG PROGRAM
#1 Main Street - PO Box 917
Roundup, MT 59072
Telephone: 323-1806

Outpatient

Musselshell County A&D Program - Satellite Office

Golden Valley Alcohol & Drug Program
P. O. Box 186
Ryegate, MT 59074
Telephone: 568-2385

Outpatient

6. SOUTHCENTRAL MONTANA ALCOHOL AND DRUG PROGRAM
1245 North 29th
Billings, MT 59101
Telephone: 252-5658

Outpatient/Contracted Drug Abuse Services

SC MT Alcohol & Drug Program Satellite Offices

Stillwater Alcohol & Drug Program
P.O. Box 238
Columbus, MT 59019
Telephone: 322-5834

Outpatient

Carbon County Alcohol and Drug Program
P. O. Box 482
Red Lodge, MT 59068
Telephone: 446-1434

Outpatient

REGION IV

Programs	Approved Care Components
1. ALCOHOL SERVICES OF GALLATIN CO. Haynes Building, Suite #2 121 North Willson Bozeman, MT 59715 Telephone: 586-5493	Outpatient
2. GALLATIN COUNCIL ON HEALTH & DRUGS 15 South Tracey P. O. Box 1375 Bozeman, MT 59715 Telephone: 587-1238	Contracted Drug Abuse Outpatient Services
3. BEAVERHEAD/MADISON CHEMICAL DEPENDENCY FACILITIES, INC. 12 South Atlantic Dillon, MT 59725 Telephone: 683-4305	Outpatient
Satellite Office	
Madison County Alcohol Program P. O. Box 907 Ennis, MT 59729 Telephone: 682-7190	Outpatient
4. ALCOHOL AND DRUG REFERRAL CENTER OF PARK COUNTY 414 East Callendar Livingston, MT 59047 Telephone: 222-2812	Outpatient
Satellite Office	
Alcohol & Drug Referral Center Satellite Box 474 White Sulphur Springs, MT 59645 Telephone: 547-2249	Outpatient
5. ALCOHOLISM SERVICE CENTER OF ANACONDA/DEER LODGE COUNTY 100 West Park Anaconda, MT 59711 Telephone: 563-6601 Drug Services: 563-5248	Outpatient/Contracted Drug Abuse Services

6. POWELL COUNTY ALCOHOLISM CENTER — Outpatient
309 Missouri
Deer Lodge, MT 59722
Telephone:

7. BUTTE ALCOHOL & DRUG SERVICES — Outpatient/Contracted Drug Abuse Services
53 West Granite
Butte, MT 59701
Telephone: 723-4001

8. BUTTE INDIAN ALCOHOL PROGRAM — Outpatient, Intermediate-Transitional Living
Metals Bank Building
Park Street, Suite 309
Butte, MT 59701
Telephone: 782-0461

9. BOYD ANDREW SERVICE CENTER — Outpatient/Contracted Drug Abuse Services, Intermediate - Transitional Living
219 North Rodney
Helena, MT 59601
Telephone: 443-2343

Satellite Programs & Offices

Transitional Living Facility for Men — Intermediate - Transitional Living
410 9th Avenue
Helena, MT 59601
Telephone: 443-1241

Jefferson County Alcohol Services — Outpatient
P. O. Box 602
Boulder, MT 59632
Telephone: 225-4348
Also serves Whitehall - 287-3219

Teton County Alcohol and — Outpatient
Drug Abuse Services
P. O. Box 1201 - Courthouse
Choteau, MT 59422
Telephone: 466-2171

Broadwater County Alcohol Services — Outpatient
Courthouse Annex
Townsend, MT 59644
Telephone: 266-3186

Pondera Medical Center — Outpatient
P. O. Box 1522
Conrad, MT 59425
[Also serves Cut Bank]
Telephone: 278-7752

10.	SHODAIR ADOLESCENT PROGRAM 840 Helena Avenue P. O. Box 5539 Helena, MT 59605 Telephone:	Inpatient - Hospital
11.	GALEN ALCOHOL SERVICE CENTER & LIGHTHOUSE RESIDENTIAL DRUG TREATMENT CENTER Montana State Hospital Warm Springs, MT 59756 Telephone: 693-2281	Detoxification, Inpatient-Free Standing
12.	MONTANA STATE PRISON CHEMICAL DEPENDENCY PROGRAM Deer Lodge, MT 59722 Telephone: 846-1320 Ext. 2223	Outpatient/State Correctional Facility

REGION V

Programs	Approved Care Components
1. RECOVERY FOUNDATION 725 W. Alder Missoula, MT 59802 Telephone: 721-1880	Outpatient/Contracted Drug Abuse Services, Intermediate - Transitional Living
Satellite Program	
Transitional Living Facility 330 E. Main Missoula, MT 59801 Telephone: 542-0360	Intermediate - Transitional Living
2. MISSOULA INDIAN ALCOHOL AND DRUG PROGRAM 520 North Pattee Missoula, MT 59801 Telephone: 721-2700	Outpatient
3. RAVALLI COUNTY CHEMICAL DEPENDENCY SERVICES, INC. P. O. Box 902 Hamilton, MT 59840 Telephone: 363-3060	Outpatient

4. FLATHEAD ALCOHOLISM AND DRUG ABUSE CENTER
P. O. Box 270
Ronan, MT 59864
Telephone: 676-0596

Outpatient/Contracted Drug Abuse Services

5. LAKE COUNTY CHEMICAL DEPENDENCY PROGRAM
502½ 1st Street East
Polson, MT 59860
Telephone: 883-4460

Outpatient

6. ALCOHOL SERVICE CENTERS OF LINCOLN/SANDERS COUNTIES
P. O. Box 756
Libby, MT 59923
Telephone: 293-7731

Outpatient

Satellite Offices

County Building
Box 403
Eureka, MT 59917
Telephone: 296-2822

Outpatient

Satellite Offices [continued]

Sanders County
P. O. Box 940
Thompson Falls, MT 59893
[Also serves Plains]
Telephone: 826-3604

Outpatient

Mineral County Alcohol Services
Tamarack Medical Center - Rm. 12
P. O. Box 608
Superior, MT 59872

Outpatient

7. FLATHEAD VALLEY CHEMICAL DEPENDENCY CLINIC, INC.
P. O. Box 1511
Kalispell, MT 59901
Telephone: 755-6453

Outpatient/Contracted Drug Abuse Services

8. SWAN RIVER YOUTH FOREST CAMP CHEMICAL DEPENDENCY PROGRAM
P. O. Box 99
Swan Lake, MT 59911
Telephone: 754-2292

Outpatient/State Correctional Facility

9. WILDERNESS TREATMENT CENTER
200 Hubbard Dam Road
Marion, MT 59925
Telephone: 854-2832

Inpatient - Free Standing

3.3 Third Party Payments and Client Fees

The 1983 Montana Legislature passed a bill [SB107] which required that benefits for the treatment of alcoholism and drug addiction must be made available in all group and individual health insurance policies [Section 33-22-703 MCA].

Major changes in the new legislation in addition to mandatory group coverage include: payment of fees for treatment in free-standing state-approved inpatient facilities, payment if the treatment plan is approved and monitored by either a physician or State certified chemical dependency counselor, minimum benefits of $4,000 in any 24-month period and $8,000 in lifetime benefits, and no less than 32 days of inpatient benefits.

The Division published a Third Party Reimbursement Procedure Manual to assist community programs in filing insurance claims for chemical dependency treatment. The manual also explains the minimum benefits that insurance carriers must offer as an option in their policies.

A workshop to assist programs in obtaining third party reimbursements was developed by the Division and delivered in FY84. Because outpatient programs are still having a difficult time in generating revenue from third party sources, the Division will again deliver a workshop during FY85 on billing and collecting from insurance companies with emphasis on billing for all eligible services, persistence and timely follow-up.

The Division expects any chemical dependency program receiving state discretionary monies to generate a percent of their total operating budget from client fees, 5 percent for Native American programs, 20 percent for outpatient and intermediate programs.

4.0 SCOPE OF THE PROBLEM - STATEWIDE

4.1 Introduction

The Alcohol and Drug Abuse Division collects individual client treatment data using the computerized Alcohol and Drug Information System. Treatment data included in this plan is obtained from state-approved chemical dependency programs. Programs that are not state-approved do not report statistical information to the Division.

Data obtained from the Division's computerized reporting system is used to determine demographic and socio-economic information, usage trends, utilization rates, treatment outcomes and for identification of high risk populations.

The Division also uses statistics and information obtained from the Montana Highway Patrol, Department of Health and Environmental Sciences, county plans, Montana Board of Crime Control, and other sources which provide an indication of chemical dependency related problems.

Alcoholism is one of the most serious health problems facing Montana today. It is an illness that can be arrested but not cured and can cause other serious diseases such as heart conditions and cirrhosis, all of which shorten the life span of their victims. Alcoholism impacts on many areas of the state's concern from traffic fatalities to child abuse.

The National Institute on Alcohol Abuse and Alcoholism estimates that approximately 10 percent of the population are alcoholics or alcohol abusers. A report prepared for the Division by the Montana United Indian Association estimated that 70 percent of the Indian population is in need of alcoholism treatment services. [See Table 3 for estimated alcohol abusers by region].

4.2 Date Highlights and Trends

- Over 101,000 Montanans are estimated to suffer problem from alcohol use or misuse. Each alcohol abuser affects the lives of at least four others. This means that 404,000 Montanans from among the drinkers' families, friends, co-workers and employers indirectly suffer the effects of alcohol abuse. [See Table 3]

- State approved chemical dependency programs have averaged over 5,500 first admissions per year since 1980. [See Table 4].

- Treatment of youth 17 years and younger has increased from 7% of first admissions to state-approved programs in 1980 to 10% in 1983. Admissions for clients between the ages of 18-20 have increased from 8% of the treatment population in 1980 to 12% in 1983. First admissions of young adults between the ages of 21-25 have increased from 14% of the treatment population in 1980 to 19% in 1983. [See Table 5].

- Since stiffer DUI legislation was enacted in October 1981, first admissions to Montana's Court Schools for DUI offenders has nearly tripled. [See Table 6].

- 50% of all persons killed on Montana highways in 1983 had been drinking and 56% of all drivers killed had been drinking prior to the accident. [See Table 7].

- According to Alcohol Epidemiologic Data System [contracted by NIAAA], Montana consistently ranks high nationally in alcohol beverage consumption and has averaged around twelfth since 1980. [See Table 8].

- According to 1982 data published by the Bureau of Records and Statistics, accidents are the fourth leading cause of death in Montana following heart disease, cancer and strokes. Over half [54 percent] of the accidental deaths were attributable to motor vehicle accidents. Accidents involve younger people than those dying from heart disease, cancer and strokes and motor vehicle accidents involve even younger people than other types of accidents. Seventy-nine percent of all accidental deaths in the 15-24 year age group resulted from motor vehicle accidents; 55 percent of deaths from all causes in the 15-24 age group were from motor vehicle accidents.

  Cirrhosis of the liver ranks as the fifth leading cause of death in the 25-44 year age group and fourth in the 45-64 year age group. [See Table 9].

- Montana has a serious multi-drug problem with a total of 1,078 admissions out of 5,690 first admissions for drugs other than alcohol in 1983. [See Table 10]

- Out of the 5,690 first admissions, 44% had a secondary problem with drugs other than alcohol and 16% had a tertiary problem with drugs other than alcohol.

- Marijuana is the most frequently reported drug of abuse followed by amphetamines and cocaine.

4.3 STATE OPERATED PROGRAMS - DATA HIGHLIGHTS

State Operated Programs

There are five chemical dependency programs operated by the state at four institutional settings. The Montana Alcohol Service Center, a 72 bed inpatient program and the Lighthouse Drug Treatment Center, a 15 bed long term inpatient drug treatment program, are located at the Montana State Hospital/Galen campus. The Montana State Hospital is part of the Department of Institutions Mental Health and Residential Services Division.

Correctional chemical dependency programs at Montana State Prison, Swan River Youth Forest Camp and Pine Hills School for Boys are under programmatic and administrative supervision of the Department of Institution's Corrections Division. The chemical dependency counselors at these facilities report treatment information to the Alcohol and Drug Abuse Division on the computerized reporting system.

Data Highlights - Galen

- The Alcohol Service Center at Galen has averaged approximately 952 first admissions per year since 1980. Lighthouse admits approximately 36 clients per year. [See Tables 11-12].

- Treatment of clients between the ages of 18-20 at Galen's Alcohol Service Center has increased from 6 percent of the total treatment population in 1980 to 8 percent in 1983. Clients between the ages of 21-25 have increased from 14 percent of the treatment population in 1980 to 21 percent of the population in 1983. Lighthouse has consistently treated younger persons with 68 percent of their clients being younger than twenty-five.

- Since 1980 84 percent of clients admitted to the Alcohol Service Center were unemployed and had no insurance. Eighty-four percent of clients admitted to Lighthouse were unemployed and 88 percent had no insurance. Because Galen is part of the state hospital they treat a high percentage of indigent clients.

- In 1983 community chemical dependency programs accounted for the largest number of referrals to the Alcohol Service Center [34%] followed by the courts [16%] and self-referrals [15%]. The majority of referrals to Lighthouse in 1983 came from the police, probation and parole [32%] followed by self-referrals [24%] and other chemical dependency programs [16%]. [See Tables 13-14].

- Since 1980, 69 percent of persons discharged from Galen's Alcohol Service Center completed treatment, 26 percent failed to complete treatment and 5 percent were referred elsewhere. Since 1982, 47 percent of persons discharged from Lighthouse completed treatment, 41 percent failed to complete treatment and 10 percent were referred elsewhere. [See Tables 15-16].

Data Highlights - Correctional Programs

- Correctional chemical dependency programs have averaged 146 admissions per year since 1982. [See Table 17].

- Sixty percent of the persons admitted to the correctional chemical dependency programs are under the age of 20 and 25 percent are between the ages of 21-25. Seventeen percent of the caseload are Native Americans.

- Sixty-five percent of persons discharged from the chemical dependency correctional programs completed treatment, 15 percent failed to complete treatment and 16 percent were referred elsewhere. [See Table 18].

TABLE 3

ESTIMATED ALCOHOL ABUSERS BY REGION

REGION	TOTAL POPULATION	POPULATION (Non-Indian)	ESTIMATED ABUSERS (Non-Indian)		POPULATION (Indian)	ESTIMATED ABUSERS (Indian)	
Eastern	98,122	90,045	9,005	(10%)	8,077	5,654	(70%)
North Central	143,510	130,410	13,041	(10%)	13,100	9,170	(70%)
South Central	160,234	152,599	15,260	(10%)	7,635	5,345	(70%)
Southwestern	185,191	182,635	18,264	(10%)	2,556	1,789	(70%)
Northwestern	199,633	193,731	19,373	(10%)	5,902	4,131	(70%)
TOTAL	786,690	749,420	74,943		37,270	26,089	

TOTAL ESTIMATED ABUSERS 101,032

Based on 1980 Census of Population and Housing (Advance Reports) U.S. Department of Commerce, Bureau of the Census.

TABLE 4

CHEMICAL DEPENDENCY ADMISSIONS

FIRST ADMISSIONS, BY YEAR OF ADMISSION,
FOR CALENDAR YEARS 1980 - 1983.

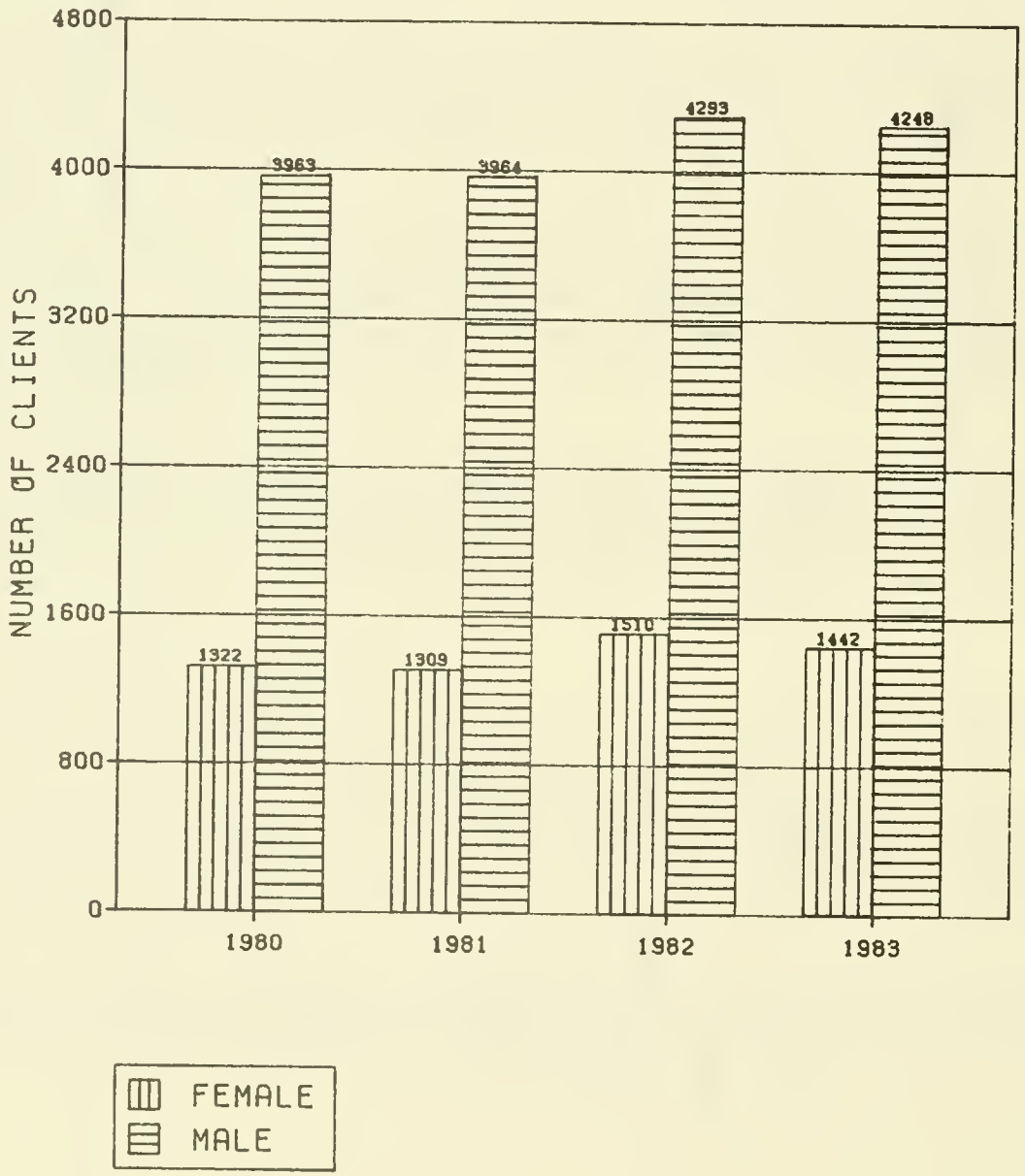


TABLE 5

STATE TOTAL
Primary Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1983 [in percents]

Client Characteristics	1980	1981	1982	1983
Total 1st Admissions	5,285	5,273	5,803	5,690
SEX				
Male	75%	75%	74%	75%
Female	25	25	26	25
RACE				
White	79	83	83	83
Black	1	.5	1	
Native American	19	15	15	15
Hispanic	1	.5	1	2
Other				
AGE				
0-17	7	8	11	10
18-20	8	9	12	12
21-25	14	15	16	19
26-30	14	15	15	16
31-44	31	31	29	28
45-64	23	19	15	13
65+	3	3	2	2
MARITAL				
Never Married	33	35	42	44
Married	32	32	27	28
Separated	6	6	7	6
Divorced	25	24	21	20
Widowed	4	3	3	2
EMPLOYMENT				
Full-Time	30	31	26	28
Part-Time	5	6	9	9
Unemployed	65	63	65	63
HEALTH INSURANCE				
None			58	60
Medicaid/Medicare			6	5
Blue Cross/Blue Shield			9	7
Private Insurance			12	13
Other			15	13

TABLE 6

STATE TOTAL
DUI Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1983 [in percents]

Client Characteristics	1980	1981	1982	1983
Total 1st Admissions	1,219	1,550	2,800	3,596
SEX				
Male	87%	84%	85%	84%
Female	13	16	15	16
RACE				
White	91	93	85	88
Black		.5	.5	
Native American	6	5	8	11
Hispanic	2	1	1	1
Other	1	.5	.5	
AGE				
0-17	3	3	2	3
18-20	13	14	15	12
21-25	22	21	22	23
26-30	15	15	17	18
31-44	26	28	25	27
45-64	19	16	17	16
65+	2	3	2	2
MARITAL				
Never Married	43	43	46	44
Married	33	34	32	31
Separated	3	3	3	4
Divorced	18	18	17	19
Widowed	3	2	2	2
EMPLOYMENT				
Full-Time	67	62	56	54
Part-Time	9	10	11	11
Unemployed	24	28	33	35
HEALTH INSURANCE				
None			39	45
Medicaid/Medicare			4	4
Blue Cross/Blue Shield			14	11
Private Insurance			23	20
Other			20	14

TABLE 7

FATALITIES AND DRINKING

1983

M O N T A N A

	DRIVERS		PASSENGERS		PEDESTRIANS		BICYCLISTS		TOTAL	
Month	Killed	HBD	Killed	HBD	Killed	HBD	Killed	HBD	Killed	HBD
Jan.	11	7	4	2	5	3	0	0	20	12
Feb.	13	4	6	0	2	0	0	0	21	4
Mar.	11	5	5	2	1	1	1	0	18	8
Apr.	9	6	5	2	2	1	0	0	16	9
May	13	11	8	4	1	1	0	0	22	16
June	14	8	6	0	4	2	2	0	26	10
July	21	9	7	4	1	0	1	0	30	13
Aug.	31	15	15	9	5	4	0	0	51	28
Sept.	21	18	12	5	1	0	1	0	35	23
Oct.	10	7	4	0	1	1	0	0	15	8
Nov.	18	8	2	1	1	1	0	0	21	10
Dec.	6	1	3	1	2	0	0	0	11	2
TOTAL	178	99	77	30	26	14	5	0	286	143

HBD - had been drinking [.05% blood alcohol or more]

56% of drivers killed had been drinking
39% of passengers killed had been drinking
54% of pedestrians killed had been drinking
50% of all persons killed had been drinking

Source: MONTANA HIGHWAY PATROL

TABLE 8

Ranks of The States For Apparent Per Capita
Consumption in Gallons of Absolute Alcohol, 1980-1982

State	1980 Gallons	1980 Rank	1981 Gallons	1981 Rank	1982 Gallons	1982 Rank
Montana	3.21	12	3.28	12	3.16	13

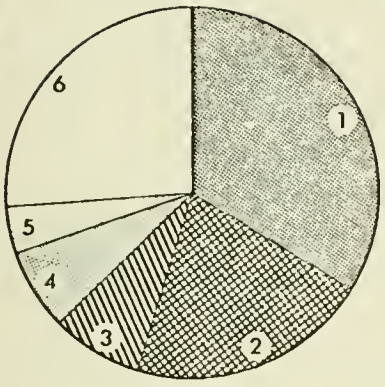
Rank	1980	1981	1982
1	Nevada	Nevada	DC
2	DC	DC	Nevada
3	New Hampshire	New Hampshire	New Hampshire
4	Alaska	Alaska	Alaska
5	Wisconsin	Wisconsin	Hawaii
6	Hawaii	Wyoming	Florida
7	Wyoming	California	Colorado
8	California	Hawaii	Wisconsin
9	Colorado	Colorado	Wyoming
10	Vermont	Vermont	Vermont
11	Florida	Arizona	California
12	Montana	Montana	Delaware
13	Massachusetts	Florida	Montana

Per capita consumption in gallons of absolute alcohol

SOURCE: Alcohol Epidemilogical Data System CSR, Inc. Operates the Alcohol Epidemilogical Data System under Contract No. ADM - 281-82-003 for the Division of Biometry and Epidemiology.

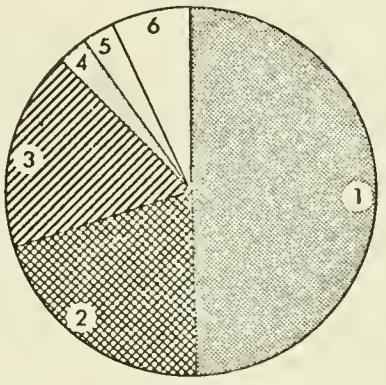
LEADING CAUSES OF DEATH BY AGE GROUP
Montana, 1982
(By Place of Residence)

ALL AGES



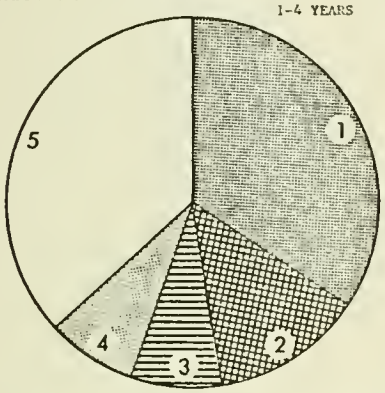
Cause of Death	Number of Deaths
1. Heart Disease	2,236
2. Cancer	1,384
3. Stroke	528
4. Accidents	471
5. Chronic Obstructive Pulmonary Diseases	274
6. Other Causes	1,732
Total Deaths	6,625

UNDER 1 YEAR



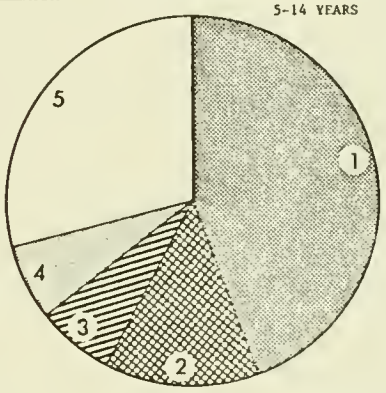
Cause of Death	Number of Deaths
1. Diseases of Early Infancy	73
2. Congenital Anomalies	30
3. Sudden Infant Death	26
4. Accidents	4
5. Pneumonia & Influenza	4
6. Other Causes	10
Total Deaths	147

1-4 YEARS



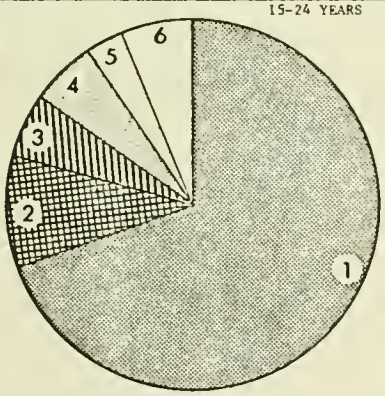
Cause of Death	Number of Deaths
1. Accidents	13
2. Congenital Anomalies	5
3. Cancer	3
4. Homicide	3
5. Other Causes	14
Total Deaths	38

5-14 YEARS



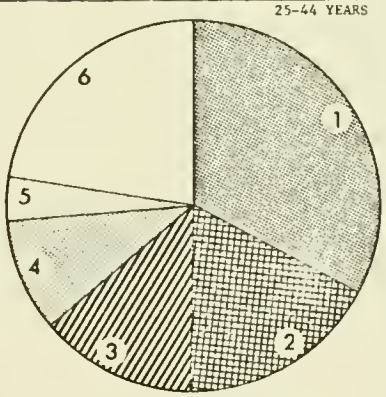
Cause of Death	Number of Deaths
1. Accidents	20
2. Cancer	6
3. Heart Disease	3
4. Pneumonia	3
5. Other Causes	13
Total Deaths	45

15-24 YEARS



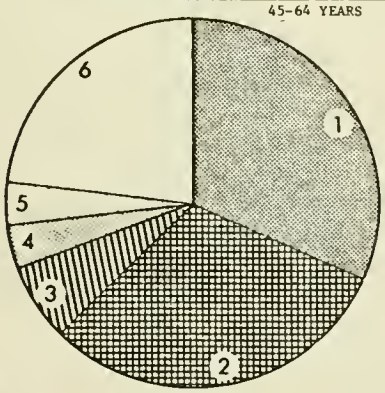
Cause of Death	Number of Deaths
1. Accidents	134
2. Suicide	19
3. Cancer	11
4. Homicide	11
5. Congenital Anomalies	6
6. Other Causes	12
Total Deaths	193

25-44 YEARS



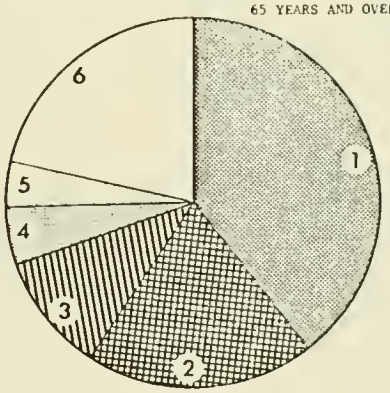
Cause of Death	Number of Deaths
1. Accidents	128
2. Cancer	68
3. Suicide	53
4. Heart Disease	38
5. Cirrhosis of Liver	15
6. Other Causes	88
Total Deaths	390

45-64 YEARS



Cause of Death	Number of Deaths
1. Cancer	403
2. Heart Disease	397
3. Accidents	86
4. Cirrhosis of Liver	49
5. Stroke	47
6. Other Causes	297
Total Deaths	1,279

65 YEARS AND OVER



Cause of Death	Number of Deaths
1. Heart Disease	1,795
2. Cancer	893
3. Stroke	470
4. Chronic Obstructive Pulmonary Diseases	227
5. Pneumonia & Influenza	175
6. Other Causes	971
Total Deaths	4,531

Ages of two decedents were not stated.

Source: Department of Health and Environmental Sciences

TABLE 10

Primary Drug of Abuse at First Admission

Calendar Year 1983

Drugs of Abuse by Region	None	Alcohol	Opiates	Barbs	Amphet-amines	Cocaine	Hash/ Marijuana	Hallucin-ogens	Inhalents	Tranqui-lizers	Other	Total
Region I	3	640		10	8	15	71	2		6	2	757
Region II	3	567	3	1	13	17	48	13	0	6	0	671
Region III	2	757	16	6	22	19	121	13	4	3		963
Region IV	3	730	20	6	47	18	90	30	6	14		964
Region V	1	972	18	12	44	24	123	10	11	17	4	1,236
Galen ASC	5	843	3	3	7	6	30	6	1			904
Galen-Lighthouse		4	3	2	4	4	15	4	0	2		38
Correctional Programs		82	4	1	3	3	58	4		1	1	157
TOTAL	17	4,595	67	41	148	106	556	82	22	49	7	5,690
PERCENT	0%	81%	1%	1%	3%	2%	10%	1%	0%	1%	0%	100%

TABLE 11

CALEN
Primary Client Characteristics at Admission to
The Alcohol Service Center, Montana State Hospital, First Admissions

For Calendar Years 1980-1983 [In Percents]

Client Characteristics	1980	1981	1982	1983
Total 1st Admissions	969	920	1,013	904
SEX				
Male	79%	82%	80%	82%
Female	21	18	22	18
RACE				
White	82	83	82	78
Black	1		1	1
Native American	16	14	16	19
Hispanic	1	2	1	2
Other		1		
AGE				
0-17	2	2	2	
18-20	6	6	9	8
21-25	14	17	18	21
26-30	12	14	14	18
31-44	34	36	33	32
45-64	28	22	21	17
65+	4	3	3	3
MARITAL				
Never Married	29	30	33	33
Married	27	26	23	21
Separated	8	9	9	7
Divorced	33	31	32	36
Widowed	3	4	3	3
EMPLOYMENT				
Full-Time	18	17	11	10
Part-Time	1	1	3	3
Unemployed	81	82	86	87
HEALTH INSURANCE				
None			82	86
Medicaid/Medicare			8	7
Blue Cross/Blue Shield			3	2
Private Insurance			5	3
Other			2	2

TABLE 12

LIGHTHOUSE
Primary Client Characteristics at Admission to
Lighthouse Drug Treatment Center - First Admissions

For Calendar Years 1982-1983 [Actual Numbers]

Client Characteristics	1982	1983
Total 1st Admissions	37	38
SEX		
Male	30%	34%
Female	7	4
RACE		
White	33	33
Black		
Native American	4	4
Hispanic		
Other		1
AGE		
0-17	2	1
18-20	10	13
21-25	13	8
26-30	6	9
31-44	5	6
45-64	1	1
65+	4	3
MARITAL		
Never Married	23	22
Married	5	4
Separated		
Divorced	8	11
Widowed	1	1
EMPLOYMENT		
Full-Time	3	2
Part-Time	1	5
Unemployed	33	31
HEALTH INSURANCE		
None	28	38
Medicaid/Medicare	3	8
Blue Cross/Blue Shield	2	3
Private Insurance		5
Other	4	

TABLE 13
CALEN
Source of Referral at Admission
Calendar Years 1980 - 1983

Referral Source	1980	1981	1982	1983
Self	268	80	79	132
Hospital	25	24	32	34
CMHC	5	4	3	14
Private MC	37	11	26	18
Public Health	0	2	2	0
Own Prog	184	1	3	7
Court School	-	-	-	0
AA, Alanon, Alateen	5	61	1S	57
Other Alcohol Program	177	407	466	307
Voc Rehab	0	0		2
Social Services	8S	16	16	8
Courts	44	60	98	144
Police, Prob, Parole	7	75	114	66
Attorney, Legal Aid	2	9	4	7
Employer	0	11	5	2
Church	0	2	3	2
School	0	2	0	0
Spouse/Family	54	66	71	5S
Friends	60	71	66	44
TV, News/Ads	0	0	0	1
Other	8	11	1	0
Unknown	6	7	7	4
TOTAL	967	920	1,011	904

TABLE 14
LIGHTHOUSE
Source of Referral at Admission

Referral Source	1982	1983
Self	20	9
CMHC		1
Private MD		1
Other Program		6
Social Services	1	4
Courts	1	
Police, Prob., Parole	11	12
Attorney, Legal Aid	3	1
Spouse/Gamily	1	1
Friends		3
TOTAL	37	38

TABLE 15

CALEN
Reason for Discharge - Primary Chemical
Dependency Clients for Calendar Years
1980 - 1983 [in percents]

Reason For Discharge	1980	1981	1982	1983
Total Discharges	1,569	1,636	1,771	1,660
Left Before Treatment Completed	27%	27%	27%	24%
Inaccessible, Moved				
Died				
Treatment Plan Completed	71%	68%	67%	70%
Client Referred	2%	5%	6%	6%

TABLE 16
LIGHTHOUSE

Reason For Discharge - Primary Chemical
Dependency Clients for Calendar Years 1982 - 1983

Reason For Discharges	1982	1983
Total Discharges	47	38
Left Before Treatment Completed	36%	45%
Inaccessible, Moved		
Died		
Treatment Plan Completed	49%	45%
Client Referred	15%	10%

Table 17

Correctional Institution Chemical Dependency Clients
Race and Age at Admission for Calendar Years 1982-1983 [In Percents]

	182	1983
Total Admissions	134	157
AGE		
0-17	29%	28%
18-20	33	29
21-25	28	22
26-30	3	9
31-44	7	
45+		
RACE		
White	84%	73%
Black	1	1
Native American	13	20
Hispanic	2	4
Other		1

Table 18

Correctional Institution Chemical Dependency Clients
Reason for Discharge for Calendar Years 1982-1983 [In Percents]

	1982	1983
Reason for Discharge		
Total Discharges	134	138
Left Before Treatment Completed	13%	17%
Inaccessible, moved	4%	4%
Died		
Treatment Plan Completed	64%	66%
Client Referred	19%	13%

5.0 COUNTY PLAN SUMMARIES AND REGIONAL STATISTICS

5.1 Introduction

This chapter of the plan summarizes, by regional health planning districts, the FY84 - FY87 county plans which were submitted to the Division in accord with 53-24-211 MCA [See Map - Exhibit 4]. County plans from each region have been analyzed according to 1) county plan service area, 2) statistical information, 3) gaps in services, 4) problems in delivering or obtaining services, 5) problems with DUI court schools, and 6) prevention activities. A summary of common problems, as identified in individual county plans, is also included for each region along with the obligation of FY 85 county earmarked tax monies.

As mentioned previously, all state-approved chemical dependency programs report client treatment data to the Alcohol and Drug Abuse Division on the computerized Alcohol and Drug Information System. These data have been summarized on a regional basis. When interpreting regional statistical reports it should be noted that all treatment data reflects only state approved programs and does not include statistical information from chemical dependency programs that are not state-approved.

I. REGION I PLAN SUMMARIES AND STATISTICS

A. Individual County Plan Summaries

County Plan

1. Service Area:

Carter, Custer, Fallon, Garfield, Powder River, Rosebud and Treasure counties.

Population: 33,031

a. Statistics:

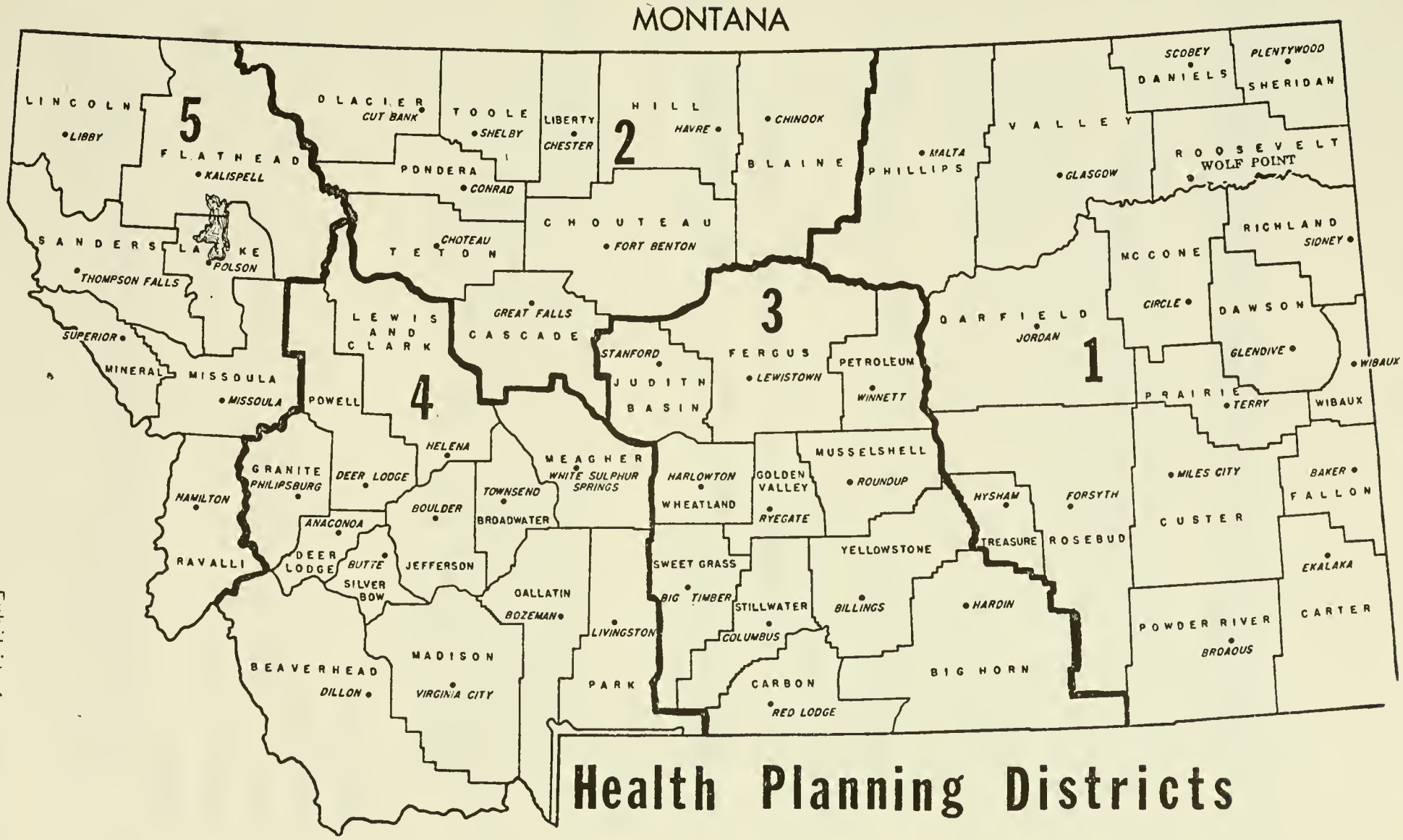
- Number of alcohol and drug related arrests in FY83: 248
- Number of alcohol and drug hospital admissions in FY83: 130
- Number of DUI citations in FY83: 175

b. Gaps in Services:

- Need to increase 3rd party payments

  Solution: Attend workshop on 3rd party payments; visit other programs that have developed 3rd party payment systems; request technical assistance from ADAD.

- Need to motivate recovering individuals to maintain long term quality sobriety rather than using their recovery programs as a means of becoming episodic drinkers.



26a

Exhibit 4

Solution: A group is being organized to study the relapse syndrome and it is hoped new ways can be found to motivate people to achieve long term abstinence.

- Need for transitional living services in Eastern Montana.

c. Problems in delivering or obtaining the following services:

- Outpatient - Lack of community involvement.
- Inpatient - There are no inpatient facilities in the District III service area.
- Detoxification - Hospitals in Miles City and satellite towns provide emergency detox. No problems.
- Transitional Living - Transitional living services needed in Eastern Montana.

d. Problems with DUI Court Schools:

- No court school referrals from Fallon and Carter counties.

  Solution: Steps are being taken to find alternative funding sources to form task groups in these counties in order to foster community involvement.

e. Prevention

- Literature distribution, school presentations and workshops and seminars are provided by the District III Alcohol and Drug Program. Although media usage has been limited, the District III Program plans to greatly increase this prevention service by January 1984.

  Problems - Time, money and training have been problems in developing a Minors in Possession program. Technical assistance is needed in order to begin this type of program.

County Plan

2. Service Area:

Dawson, Richland, McCone, Prairie and Wibaux counties.

Population: 29,273

a. Statistics:

- Number of alcohol and drug arrests for FY83: 528
- Number of alcohol and drug hospital admissions: Not available
- Number of DUI arrests: Not available

b. Gaps in Services

- Problems providing inpatient treatment for indigent clients - Distance to Galen is costly.
- Detoxification costs before client can be transported to Galen is done at cost of community.
- Family participation in treatment is difficult for clients that have gone to Galen because of distance and travel costs which decreases effectiveness of treatment.

  Solution: ADAD should consider contracting with an inpatient treatment center for a certain number of low income beds for use by Eastern Montana.

c. Problems in delivering or obtaining the following services:

- Outpatient - Need co-facilitators for intensive therapy groups.
- Inpatient - See gaps in services.
- Detoxification - Provided by community hospitals.
- Transitional Living - Need for transitional living facilities in Eastern Montana.

d. Problems with DUI Court Schools:

- No problems at this time.

e. Prevention

- Literature distribution, school presentations, workshops/seminars, media ads and a Minors in Possession program are provided by the District II Alcohol and Drug Program. No problems were mentioned.

County Plan

3. Service Area:

Phillips, Valley, Daniels, Sheridan and Roosevelt counties.

Population: 34,269

a. Statistics:

- Number of alcohol and drug related arrests in FY 83: 1,558
- Number of alcohol and drug hospital admissions in FY 83: 292

b. Gaps in Services:

- District I states that it needs to increase the number of Native Americans served.

  Solution: To try and remedy this problem, counselors and the Director of District I will make greater eftorts to establish better understanding and working relationships with both Fort Peck and Fort Belknap through meetings and workshops.

c. Problems in Delivering or Obtaining the Following Services:

- Outpatient - Difficulty keeping counselors in all five counties.

  Solution - To improve community coordination by initiating a series of meetings in each county with representatives of community based agencies. By collection of fees-for-services to generate enough revenue to hire an educator to work in the schools thereby allowing counselors more direct service time.

- Inpatient - The cost of transporting indigent or low income clients to treatment is a severe burden.

- Detoxification - Transportation costs involved with transporting clients.

- Transitional Living - There is a need for transitional living facilities in Eastern Montana.

d. Problems with DUI Court Schools:

- The biggest DUI problem lies in Roosevelt County and on the Fort Peck Indian Reservation; however, only 12% of D.U.I.'s issued during July 1982 to June 1983 enrolled in DUI court school. There is a need for a better working relationship with the Roosevelt County judicial system.

  Solution: To set up more workshops and educational sessions with Tribal Law Enforcement and the judicial system. To establish better working relationships with the Fort Peck Alcohol program.

e. Prevention

- Literature distribution, school presentations, workshops and media ads are provided by the District I Alcohol and Drug Program. No problems were mentioned.

B. Summary of Region I County Chemical Dependency Plans and Obligation of FY85 County Tax Monies

1. Common needs and Problems

- There is a problem in providing inpatient treatment for indigent clients in Eastern Montana because of the distance to Galen which results in high transportation costs and lack of family involvement in treatment.

- All plans support the need for a transitional living facility in Eastern Montana. Many of the clients completing Inpatient treatment programs need a structured living arrangement and group support provided by a transitional living facility.

2. Obligation of County Earmarked Tax Monies for FY85.

1) Carter - 100% to District III Alcohol and Drug Program - Outpatient

2) Custer - 100% to District III Alcohol and Drug Program - Outpatient

3) Daniels - 100% to District I Alcohol and Drug Program - Outpatient

4) Dawson - 100% to District II Alcohol and Drug Program - Outpatient

5) Fallon - 100% to District III Alcohol and Drug Program - Outpatient

6) Garfield - 100% to District III Alcohol and Drug Program - Outpatient

7) McCone - 100% to District II Alcohol and Drug Program - Outpatient

8) Phillips - 100% to District I Alcohol and Drug Program - Outpatient

9) Powder River -100% to District III Alcohol and Drug Program - Outpatient

10) Prairie - 100% to District II Alcohol and Drug Program - Outpatient

11) Richland - 100% to District II Alcohol and Drug Program - Outpatient

12) Roosevelt - 100% to District I Alcohol and Drug Program - Outpatient

13) Rosebud - 100% to District III Alcohol and Drug Program - Outpatient

14) Sheridan - 100% to District I Alcohol and Drug Program - Outpatient

15) Treasure - 100% to District III Alcohol and Drug Program - Outpatient

16) Valley - 100% to District I Alcohol and Drug Program - Outpatient

17) Wibaux - 100% to District II Alcohol and Drug Program - Outpatient

C. Region Statistics and Data Highlights

1. Primary Client Characteristics at Admission [See Table 19].

- Region I has averaged 887 first admissions per year since 1980.

- The percent of women entering treatment in Region I has increased from 24% of first admissions in 1980 to 29% in 1983.

- Treatment of youth 17 years and younger has increased from 7% of first admissions in 1980 to 11% in 1983. Admissions for clients between the ages of 18-20 have increased from 7% in 1980 to 9% in 1983.

- 49% of the persons admitted to Region I programs had some type of employment at the time of admission and 59% had insurance.

2. Family Member Characteristics at Admission [See Table 20]

   - Region I has averaged 561 first admissions of family members per year since 1980.

   - The majority of family members admitted as clients are women, comprising approximately 74% of the total admissions since 1980.

   - It is significant to note that 17% of family clients were under the age of seventeen at the time of admission which suggests that Region I programs are impacting the children of chemically dependent persons.

   - 42% of family members were employed at admission and 62% had some type of insurance.

3. DUI Client Characteristics at Admission [See Table 21]

   - DUI court school client admissions have increased from 157 admissions in 1980 to 545 in 1983. This increase reflects the statewide trend which has resulted from stiffer DUI legislation enacted in October 1981.

   - Since 1980, approximately 90% of the total admissions have been men.

   - 58% of clients admitted to DUI court schools are under 30 years of age.

   - 49% of clients admitted to DUI court schools were employed at the time of admission and 74% had some type of insurance.

4. Source of Referral at Admission [See Table 22]

   - In 1983, other chemical dependency programs accounted for the largest number of referrals to Region I programs [31%], followed by self referrals [16%] and referrals from private physicians [13%].

5. First Admissions to Chemical Dependency Programs by County of Residence and Admission Rates Per Thousand [See Table 23]

   - Admission rates per thousand based on first admissions to state-approved chemical dependency programs by county of residence show that in 1983 Rosebud County had the highest rate [19.0] followed by Richland County [11.8] and Dawson County [10.0]. The admission rate per thousand for all counties in Region I was 8.7 in 1983 compared with the statewide rate of 7.0.

6. Reason For Discharge [See Table 24]

   - Since 1980, 54% of the primary clients discharged from Region I programs completed their treatment plans, 31% failed to complete treatment with the highest year being 1983 when 37% of the clients did not complete treatment. Five percent of the clients since 1980 were discharged because they moved and 8% were referred elsewhere.

7. Primary Client Follow-up Information [See Table 25]

- All state-approved programs are required to do follow-up, for the purpose of determining treatment effectiveness, 6 months after the client's treatment plan has been completed. Chemical dependency programs in Region I have attempted to follow-up 545 clients since 1980 and successfully contacted 365 [67%].

- Of the 365 successful follow-up contacts, 54% indicated they were involved in AA or a maintenance program, 65% were employed and 71% reported total abstinence.

- The percent of clients reporting total abstinence 6 months after discharge increased from 65% in 1980 to 78% in 1983.

Table 19

REGION I
Primary Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1983 [in percents]

Client Characteristics	1980	1981	1982	1983
Total 1st Admissions	1,084	911	793	757
SEX				
Male	76%	76%	75%	71%
Female	24	24	25	29
RACE				
White	77	77	86	86
Black				
Native American	21	22	13	13
Hispanic	1	1	1	1
Other	1			
AGE				
0-17	5	9	11	11
18-20	7	9	11	9
21-25	17	15	16	21
26-30	14	15	17	16
31-44	33	29	29	29
45-64	20	21	14	13
65+	4	2	2	1
MARITAL				
Never Married	29	35	40	39
Married	37	36	39	38
Separated	6	5	5	5
Divorced	25	20	14	16
Widowed	3	4	2	2
EMPLOYMENT				
Full-Time	40	38	46	44
Part-Time	3	6	8	12
Unemployed	57	56	46	44
HEALTH INSURANCE				
None			35	40
Medicaid/Medicare			4	3
Blue Cross/Blue Shield			16	17
Private Insurance			9	9
Other			36	31

Table 20

REGION I

Family Member Characteristics at Admission To

State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1983 [in percents]

Client Characteristics	1980	1981	1982	1983
Total 1st Admissions	631	639	476	497
SEX				
Male	25%	24%	28%	26%
Female	75	76	72	74
RACE				
White	91	90	90	92
Black				1
Native American	8	9	9	6
Hispanic	1	1	1	1
Other				
AGE				
0-17	16	13	15	17
18-20	6	5	4	4
21-25	11	11	10	12
26-30	10	12	13	16
31-44	31	34	30	30
45-64	24	22	27	17
65+	2	3	5	4
MARITAL				
Never Married	24	20	22	26
Married	63	68	65	61
Separated	3	3	3	3
Divorced	7	7	8	8
Widowed	3	2	2	2
EMPLOYMENT				
Full-Time	38	41	41	37
Part-Time	12	11	12	12
Unemployed	50	48	47	51
HEALTH INSURANCE				
None			22	23
Medicaid/Medicare			4	4
Blue Cross/Blue Shield			27	22
Private Insurance			13	19
Other			33	32

Table 21

REGION I
DUI Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1983 [in percents]

Client Characteristics	1980	1981	1982	1983
Total 1st Admissions	157	236	532	545
SEX				
Male	91%	91%	88%	88%
Female	9	9	12	12
RACE				
White	97	95	92	90
Black				
Native American	2	4	6	8
Hispanic	1	1	2	2
Other				
AGE				
0-17	2	2	3	3
18-20	10	15	13	12
21-25	25	22	22	23
26-30	20	22	18	18
31-44	23	24	25	23
45-64	18	14	18	18
65+	2	1	1	3
MARITAL				
Never Married	43	46	44	47
Married	37	38	35	35
Separated		2	3	3
Divorced	17	13	17	14
Widowed	3	1	1	1
EMPLOYMENT				
Full-Time	87	83	75	69
Part-Time	5	5	6	8
Unemployed	8	12	20	23
HEALTH INSURANCE				
None			34	39
Medicaid/Medicare			2	3
Blue Cross/Blue Shield			16	16
Private Insurance			22	18
Other			26	24

Table 22

REGION I

Source of Referral at Admission
To Chemical Dependency Programs

Referral Source	1979	1980	1981	1982	1983
Self	205	223	134	149	121
Hospital	17	33	16	12	15
CMHC	15	16	15	15	15
Private MC	44	20	21	17	95
Public Health	6	6	0	3	3
Own Program	1	1	2	10	6
Court School	0	0	0	81	40
AA, Alanon, Ala.	6	15	10	13	11
Other Alcohol Programs	331	389	339	224	238
Voc Rehab	4	3	1	2	0
Social Services	25	24	23	16	21
Courts	73	41	42	45	90
Police, Probation, Parole	81	67	67	53	45
Attorney, Legal Aid	25	39	16	8	12
Employer	24	39	59	29	20
Church	6	9	19	6	4
School	13	6	15	8	8
Spouse/Family	62	92	77	57	61
Friends	50	30	51	21	38
TV, News, Ads	1	0	0	8	2
Other	5	17	2	14	1
Unknown	0	14	2	2	1
TOTAL	994	1,084	911	793	757

TABLE 23

REGION I

First Admissions to Chemical Dependency Programs
By County of Residence and Admission Rates Per Thousand

County	1980 Census	Adm.Rate 1980	Adm.Rate 1981	Adm.Rate 1982	Adm.Rate 1983
Carter	1,799	3.3	1.1	2.8	2.2
Custer	13,109	8.2	6.0	4.8	6.8
Daniels	2,835	7.4	4.9	2.8	3.2
Dawson	11,805	7.1	8.6	9.8	10.0
Fallon	3,763	4.3	2.7	4.8	4.8
Garfield	1,656	5.4	3.0	1.2	4.2
McCone	2,702	2.2	4.8	4.4	5.9
Phillips	5,367	10.4	6.3	6.7	6.0
Powder River	2,520	3.6	3.2	4.7	3.2
Prairie	1,836	1.1	3.3	2.7	6.5
Richland	12,243	6.8	11.5	12.5	11.8
Roosevelt	10,467	6.3	6.6	7.3	7.7
Rosebud	9,899	18.4	13.0	20.2	19.0
Sheridan	5,414	9.0	9.2	8.7	9.4
Treasure	981	2.0	2.0	5.0	1.0
Valley	10,250	6.7	7.5	5.2	6.8
Wibaux	1,476	1.4	2.7	2.0	3.4
TOTAL REGION I	98,122				8.7
STATE	786,690	6.5	6.3	7.0	7.0

Table 24

REGION I

Reason for Discharge
Primary Chemical Dependency Clients for
Calendar Years 1980 - 1983 [in percents]

Reason for Discharge	1980	1981	1982	1983
Total Discharges	1,424	1,096	938	908
Left Before Treatment Completed	28%	31%	26%	37%
Inaccessible, Moved	4	6	9	9
Died				
Treatment Plan Completed	59	54	56	48
Client Referred	9	9	9	6

Table 25

REGION I

Primary Client Follow-up Information
Six Months After Discharge

Calendar Years 1980 - 1983

	1980	1981	1982	1983
Number of Follow-up Attempts	86	155	129	175
Number of Successful Follow-up Contacts	72	94	78	121
Percent Contacted	84%	61%	60%	69%
Percent in a Maintenance Program	49%	59%	51%	58%
Percent Employed	56%	72%	59%	72%
Percent Abstinent	65%	68%	71%	78%

II. REGION II PLAN SUMMARIES AND STATISTICS

A. Individual County Plan Summaries

County Plan

1. Service Area

Hill, Blaine, Liberty, Toole, Chouteau counties.

Population: 38,912

a. Statistics

° Number of alcohol and drug related arrests within counties:

	FY 83
Blaine	88
Chouteau	82
Hill	86
Liberty	4
Toole	106

° Number of alcohol and drug admissions to hospitals within counties:

	FY 83
Blaine	0
Chouteau	3
Hill	9
Liberty	5
Toole	16

° Number of DUI's issued in counties:

	FY 83
Blaine	43
Chouteau	38
Hill	88
Liberty	10
Toole	67

b. Gaps in Services

° Extended care facilities are not available in the area.

Solution: Hill Top Recovery will examine the possibility of developing such service capabilities.

c. Problems in delivering or obtaining the following services:

- Outpatient - The Fort Belknap program has had a shortage of staff for outpatient services.

  Solution: The Fort Belknap program will increase outpatient counseling staff by one.

- Inpatient - No problems identified.

- Detoxification - No problems identified.

- Transitional Living - No problems identified.

d. Problems with DUI court schools

No Problems identified.

e. Prevention

Literature distribution, school presentations, workshops/seminars, media ads and a Minor in Possession program are provided by approved programs in the service area. No problems were mentioned.

1. County Plan Service Area

Cascade

a. Statistics

- Number of alcohol and drug related arrests for FY83:

  The Cascade County Sheriff reported:

  - 5 unlawful possession of alcohol
  - 7 unlawful or contributing to the delinquency of a minor
  -51 dangerous drugs

  The Chief of Police reported:

  - 225 arrests related to minors in possession
  - 38 narcotic arrests

- Number of alcohol and drug admissions to hospitals for FY83: 48

- Number of DUI's issued in county for FY83:

  - Sheriff's office: 138 adult DUI bookings
  - Chief of Police: 271 DUI arrests

b. Gaps in Services

- Need for transitional living facility
- Consistent adolescent assessments among service providers
- Native American addiction needs great emphasis

Solution: Development of needed facilities through private capital. Funding for transitional living facilities is difficult because third party payers don't recognize halfway houses as a continuance of treatment.

c. Problems in Delivering or Obtaining the Following Services:

- Outpatient - No major problems.
- Inpatient - No problems.
- Detoxification - Occasionally transportation is a problem.
- Intermediate care - Clients must be referred to Billings, Missoula or Helena.

d. Problems with DUI Court Schools

No problems identified.

e. Prevention

Literature distribution, school presentations, workshops/seminars, media ads and a Minors in Possession program are provided by state-approved chemical dependency programs in this service area. No major problems identified.

B. SUMMARY OF REGION II COUNTY CHEMICAL DEPENDENCY PLANS AND OBLIGATION OF FY85 COUNTY TAX MONIES

1. Common needs and problems

Both county plans from Region II support the need for transitional living or extended care facilities.

2. Obligation of County Earmarked Tax Monies for FY85

1)	Blaine	50% to Hill Top Recovery - 50% to Fort Belknap
2)	Cascade	100% to Providence Alcoholism Center
3)	Chouteau	100% to Hill Top Recovery
4)	Hill	100% to Hill Top Recovery
5)	Liberty	100% to Hill Top Recovery
* 6)	Toole	100% to Hill Top Recovery
7)	Glacier	50% to Boyd Andrew Service Center - outpatient
*		50% to Medicine Pine Lodge - detoxification
8)	Pondera	100% to Boyd Andrew Service Center - outpatient

* See Region IV plan summaries.

C. Region II Statistics and Data Highlights

1. Primary Client Characteristics at Admission [See Table 26]

- Region II has averaged 735 first admissions per year since 1980.
- The percent of women entering treatment in Region II has increased from 21% of the first admissions in 1980 to 27% in 1983.
- Treatment of youth 17 years and younger has increased from 3% of first admissions in 1980 to 5% in 1983; in 1982 this population accounted for 8% of all admissions. Admission of clients between the ages of 18-20 has increased from 7% of the first admissions in 1980 to 10% in 1983; in 1982 this age group accounted for 14% of all admissions. Clients in the age group of 21-25 have increased from 16% of Region II program admissions in 1980 to 20% in 1983.
- Since 1980, only 31% of the persons admitted to Region II programs were employed and 40% had insurance.

2. Family Member Characteristics at Admission [See Table 27]

- Region II has increased the number of family members admitted for treatment from 51 first admissions in 1980 to 374 in 1983.
- Although the majority of family members admitted as clients are women [approximately 80% of admissions since 1980] there appears to be a trend that more men are seeking treatment as family members as evidenced by the fact that in 1980 men comprised only 12% of the total family member admissions compared with 31% in 1983.
- It is significant to note that 13% of family clients are under the age of seventeen which suggests that Region II programs are impacting children of chemically dependent persons.
- 50% of the family clients were employed at admission and 76% had some type of insurance.

3. DUI Client Characteristics at Admission [See Table 28]

- DUI court school client admissions have increased from 108 first admissions in 1980 to 503 admissions in 1983. This increase reflects the statewide trend which has resulted from stiffer DUI legislation enacted in October 1981.
- Since 1980, 84% of the admissions to DUI court schools were men; however, the number of women admitted to Region II court school programs has increased from 13% of the total admissions in 1980 to 17% in 1983.
- 50% of clients admitted to DUI court schools are under 30 years of age.

- 68% of clients admitted to DUI court schools were employed at the time of admission and 52% had insurance.

4. Source of Referral at Admission [See Table 29]

   - In 1983, the majority of referrals to Region II programs were reported to be self-referrals [26%], followed by court referrals [24%] and referrals from other chemical dependency programs [17%].

5. First Admissions to Chemical Dependency Programs by County of Residence and Admission Rates - Per Thousand [See Table 30]

   - Admission rates per thousand, based on first admissions to state-approved chemical dependency programs by county of residence show that in 1983 Glacier County had the highest rate [9.8] in Region II followed by Blaine County [8.9] and Hill County [6.2]. The admission rate per thousand for all counties in Region II was 5.1 in 1983 compared with the statewide rate of 7.0. Region II has consistently had a lower rate per thousand than the statewide average.

6. Reason for Discharge [See Table 31]

   - Since 1980, 50% of the primary clients discharged from Region II programs completed their treatment plans, 39% failed to complete treatment, 4% were inaccessible or moved and 6% were referred elsewhere.

7. Primary Client Follow-up Information [See Table 32]

   - All state-approved programs are required to do follow-up, for the purpose of determining treatment effectiveness, 6 months after the client's treatment plan has been completed. Chemical dependency programs in Region I have attempted to follow-up 1,170 clients since 1980 and successfully contacted 487 [42%].

   - Of the 487 successful follow-up contacts since 1980, 49% indicated they were involved in AA or a maintenance program, 48% were employed and 59% reported total abstinence.

   - The number of successful follow-up contacts in Region II has increased from 41% in 1980 to 51% in 1983; however, the percent of discharged clients indicating that they were involved in a maintenance program at the time of follow-up decreased from 56% in 1980 to 34% in 1983 and percent employed at follow-up decreased from 64% in 1980 to 39% in 1983.

Table 26

REGION II

Primary Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1983 [in percents]

Client Characteristics	1980	1981	1982	1983
Total 1st Admissions	708	703	772	757
SEX				
Male	79%	79%	75%	73%
Female	21	21	25	27
RACE				
White	65	67	67	73
Black				
Native American	34	32	32	26
Hispanic	1	1	1	1
Other				
AGE				
0-17	3	3	8	5
18-20	6	7	14	10
21-25	16	16	18	20
26-30	13	15	13	19
31-44	32	31	28	30
45-64	26	24	18	15
65+	4	4	1	1
MARITAL				
Never Married	28	32	40	37
Married	32	28	26	37
Separated	7	8	7	5
Divorced	28	28	22	18
Widowed	5	4	5	3
EMPLOYMENT				
Full-Time	21	22	21	33
Part-Time	4	5	7	9
Unemployed	75	73	72	58
HEALTH INSURANCE				
None			66	55
Medicaid/Medicare			5	4
Blue Cross/Blue Shield			9	12
Private Insurance			12	19
Other			8	10

Table 27

REGION II

Family Member Characteristics at Admission To
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1983 [in percents]

Client Characteristics	1980	1981	1982	1983
Total 1st Admissions	51	60	82	374
SEX				
Male	12%	17%	21%	31%
Female	88	83	79	69
RACE				
White	92	95	89	94
Black				1
Native American	8	5	10	5
Hispanic				
Other			1	
AGE				
0-17	8	12	10	22
18-20	6	3	2	4
21-25	12	15	10	10
26-30	10	10	18	8
31-44	37	38	23	30
45-64	21	20	35	22
65+	6	2	1	4
MARITAL				
Never Married	18	22	12	28
Married	59	65	51	59
Separated	2	10	10	2
Divorced	20	3	23	9
Widowed	1		4	2
EMPLOYMENT				
Full-Time	29	32	32	35
Part-Time	18	23	18	13
Unemployed	53	45	50	52
HEALTH INSURANCE				
None			33	16
Medicaid/Medicare			4	3
Blue Cross/Blue Shield			30	20
Private Insurance			29	41
Other			4	20

Table 28

REGION II

DUI Client Characteristics at Admission to

State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1983 [in percents]

Client Characteristics	1980	1981	1982	1983
Total 1st Admissions	108	197	307	503
SEX				
Male	87%	80%	84%	83%
Female	13	20	16	17
RACE				
White	89	89	82	65
Black	1	1		1
Native American	10	8	17	33
Hispanic		2	1	1
Other				
AGE				
0-17	1	2	1	2
18-20	6	7	18	11
21-25	16	20	25	25
26-30	15	12	18	16
31-44	24	33	20	28
45-64	36	20	15	15
65+	2	6	3	3
MARITAL				
Never Married	34	34	50	43
Married	37	36	31	36
Separated	2	4	1	4
Divorced	23	22	15	15
Widowed	4	4	3	2
EMPLOYMENT				
Full-Time	69	61	57	52
Part-Time	11	13	11	11
Unemployed	20	26	32	37
HEALTH INSURANCE				
None			40	57
Medicaid/Medicare			4	4
Blue Cross/Blue Shield			19	10
Private Insurance			29	22
Other			8	7

Table 29
REGION II

Source of Referral at Admission
To Chemical Dependency Programs

Referral Source	1979	1980	1981	1982	1983
Self	278	239	209	186	175
Hospital	50	21	20	13	13
CMHC	5	5	6	4	3
Private MC	16	5	5	6	17
Public Health	1	0	0	0	1
Own Program	11	14	19	22	12
Court School	0	0	0	0	17
AA, Alanon, Ala.	23	15	21	14	1
Other Alcohol Programs	126	88	86	106	117
Voc Rehab	1	0	0	1	1
Social Services	20	20	16	20	10
Courts	140	116	131	229	159
Police, Probation, Parole	108	59	77	56	20
Attorney, Legal Aid	4	4	6	14	7
Employer	5	5	4	5	17
Church	5	4	2	4	7
School	0	1	1	9	1
Spouse/Family	54	54	47	45	60
Friends	50	49	50	37	29
TV, News, Ads	0	0	0	0	1
Other	18	9	3	1	3
Unknown	2	0	0	0	0
TOTAL	917	708	703	772	671

TABLE 30

REGION II

First Admissions to Chemical Dependency Programs
By County of Residence and Admission Rates Per Thousand

County	1980 Census	Adm.Rate 1980	Adm.Rate 1981	Adm.Rate 1982	Adm.Rate 1983
Blaine	6,999	11.3	7.1	8.7	8.9
Cascade	80,696	4.6	3.7	4.8	4.3
Chouteau	6,092	3.8	5.3	1.8	4.1
Glacier	10,628	11.5	11.1	10.0	9.8
Hill	17,985	5.2	6.2	4.8	6.2
Liberty	2,329	6.9	2.6	2.1	1.3
Pondera	6,731	4.2	3.3	4.3	4.9
Teton	6,491	3.5	2.2	4.0	4.5
Toole	5,559	3.6	4.7	5.4	4.7
TOTAL REGION II	143,510	6.1	4.7	5.2	5.1
STATE	786,690	6.5	6.3	7.0	7.0

REGION II

Table 31

Reason for Discharge
Primary Chemical Dependency Clients for
Calendar Years 1980 - 1983 [in percents]

Reason for Discharge	1980	1981	1982	1983
Total Discharges	1,226	1,146	1,265	844
Left Before Treatment Completed	31%	46%	39%	38%
Inaccessible, Moved	3	5	4	5
Died	1	1	1	1
Treatment Plan Completed	58	41	49	53
Client Referred	7	7	7	3

REGION II

Table 32

Primary Client Follow-up Information
Six Months After Discharge

Calendar Years 1980 - 1983

	1980	1981	1982	1983
Number of Follow-up Attempts	87	195	439	449
Number of Successful Follow-up Contacts	36	68	152	231
Percent Contacted	41%	35%	35%	51%
Percent in a Maintenance Program	56%	41%	28%	34%
Percent Employed	64%	53%	35%	39%
Percent Abstinent	69%	57%	47%	64%

III. REGION III PLAN SUMMARIES AND STATISTICS

A. Individual County Plan Summaries

1. County Plan Service Area

Big Horn county
Population: 11,096

a. Statistics

- Number of alcohol and drug related arrests: It has been estimated by the Big Horn County sheriff that approximately 95 percent of arrests during FY82 were a result of chemically induced behavior. The sheriff further indicates that these statistics are conservative since much of the data or prevalence of alcohol-related spouse and child abuse remains unreported.

- Number of alcohol and drug admissions to hospitals in county: Statistics relating to chemical dependency admissions to the county hospital are unavailable.

- Number of DUI's issued in county: The number of DUI's issued in the county was not reported, however, the Big Horn County DUI court school taught a total of 150 students during FY82.

b. Gaps in Services

- High visibility of the chronic alcoholic.

  Solution: Possible solutions are the introduction of the Salvation Army into the Hardin area, a recovery house which would deal with long term recovery of a small number of patients, or a state certified county detox program.

- Need for increased awareness as to the complexity of chemical awareness.

  Solution: To provide accurate information to knowledgeable professionals, para-professionals and the citizenry at large and to work with schools.

- Aftercare is a need because very few individuals come to the aftercare group from the Hardin area and few referrals are received from treatment centers that are returning clients to the area.

  Solution: Cultivate a closer relationship with treatment centers and consider extending aftercare to other areas within the county.

- An adequate assessment process is needed for chemically dependent adolescents.

  Solution: Additional personnel is needed to effectively meet this need.

- Increased coverage for outpatient treatment services; an individual is needed to work closely with the legal, medical, and educational facilities in Big Horn County.

  Solution: Additional personnel is needed to accomplish this goal.

- Transitional living and detox facility is needed.

  Solution: Continuation of discussion involving groups of Big Horn County citizens and proposals to commissioners involving these concerns.

c. Problems in Delivering or Obtaining the Following Services:

- Outpatient - The only identifiable problem is not being able to follow-up on referrals from treatment centers. This is a two-fold problem: not getting the information that clients are returning to this area and second, if the information is received, many referrals do not come in for additional treatment.

  Solution: The strategy is to cultivate better working relationships with treatment centers. This will be to increase face-to-face interaction as well as more effective phone and better communications with treatment centers. This will also include increasing responsibilities from the outpatient services to inpatient staff.

- Inpatient - A regional alternative to Galen State Hospital for free care for caucasian chemically dependent clients would possibly provide more efficient, effective services.

  Solution: Regionalized state treatment centers would provide inpatient services at locations closer to the client's home.

- Detoxification - No problems.

- Transitional Living - Facilities are not available to meet the needs of transitional living in Big Horn County.

  Solution: The county plan states that Big Horn County is not aware of a solution to the need of transitional living.

d. Problems with DUI Court Schools

There are no major problems at this time.

e. Prevention

- Literature distribution, school presentations, workshops/seminars, media ads and a Minors in Possession program all provided by Big Horn County Chemical Dependency Program.

2. County Plan Service Area

Carbon County
Population: 8,099

a. Statistics

- Number of alcohol and drug related arrests: Approximately 72 cases with noted alcohol and drug involvement were seen by the City Judge and J.P.'s in FY83.

- Number of alcohol and drug related hospital admissions: It is estimated by Carbon County Memorial Hospital that approximately 15 patients are admitted each year with problems directly related to chemical abuse.

- Number of DUI's issued in county: Twenty-eight DUI clients were seen by the Carbon County Alcohol and Drug Program.

b. Gaps in Services

- The needs of the aged population are not being met. Staffing with nursing home personnel, and offers for training of nursing home personnel have not been productive. Attempts to get speaking time with Senior Citizen groups have not worked to date.

  Solution: The plan is to continue with above as well as with radio Public Service announcements and newspaper coverage.

c. Problems in Delivering or Obtaining The Following Services:

- Outpatient - No problems listed.

- Inpatient - No problems listed.

- Detoxification - No problems listed.

- Transitional Living - The major problem related to referral remains arranging for transportation of clients to settings outside of Carbon County.

  Solution: The AA community and the Carbon County Welfare continue to help by providing some transportation for clients in need.

d. Problems with DUI Court Schools:

No problems listed.

e. Prevention:

- Literature distribution, school presentations, workshops/seminars, media ads and a Minors in Possession program are provided by the South Central Alcohol and Drug Program Carbon County satellite.

3. County Plan Service Area

Fergus, Judith Basin, Petroleum and Wheatland counties.
Population: 18,731

a. Statistics:

- Number of alcohol and drug related arrests: Fergus County Sheriff estimates 38% of their total arrests are alcohol related. Estimates from other law enforcement personnel, as documented in several letters in the county plan, indicate that this estimate is conservative. All law enforcement people report that a very large number of calls received by their departments do not result in arrests but are in fact alcohol/drug related.

- Number of alcohol and drug admissions to hospitals: There were 402 admissions to Central Montana Hospital and Wheatland Memorial Hospital with alcohol/drug related problems.

b. Gaps in Services

- No gaps in services were mentioned.

c. Problems in delivering or obtaining the following services:

- Outpatient - No problems
- Inpatient - No problems
- Detoxification - No problems
- Transitional Living - No problems

d. Problems with DUI court schools

No problems identified.

e. Prevention

- Literature distribution, school presentations, workshop/seminars and media ads are provided within the four county area by Alcohol and Drug Services of Central Montana. No problems were mentioned.

4. County Plan Service Area

Musselshell and Golden Valley counties.

Population: 5,455

a. Statistics

- Number of alcohol and drug related arrests within counties: 275 FY 83
- Number of alcohol and drug hospital admissions within counties: None.
- Number of DUI's issued in counties: 51 for FY83.

b. Gaps in Services

- The county plan states that more manpower is needed to ensure someone is always available during office hours to answer crisis calls, requests for information, and other business when the counselor is out of the office.

  Solution: This problem has hopefully been resolved by the Board's decision to hire a part-time secretary to work in the Roundup office.

c. Problems in delivering or obtaining the following services

- Outpatient - Obtaining mental health counseling for clients in Golden Valley is a problem. Clients are referred to services in Musselshell or Yellowstone counties. Client must pay the full fee of $45.00 per hour because Golden Valley has no agreement for mental health support.

  Solution: Continued lobbying of Golden Valley County Commissioners to persuade them to get the mental health program back into the county.

- Inpatient - Funding for transportation to treatment facilities and fees for treatment for those without insurance or ability to pay is a problem.

  Solution: A partial solution would be better utilization of Galen and more dependence on AA members for transportation. Another solution is stronger appeals to family members for financial help and a more thorough investigation of 3rd party payments.

- Detoxification - Funding for transients or other clients unable to pay for hospital care is a problem.
- Transitional Living - No problems identified.

d. Problems with DUI court schools

- The only problem is that some law enforcement personnel are not issuing DUI citations.

e. Prevention

- Literature distribution, school presentations, workshops/seminars and a Minors in Possession program is provided by Musselshell/Golden Valley Alcohol and Drug Program. No problems mentioned.

5. County Plan Service Area

Sweet Grass County
Population: 3,216

a. Statistics

- Number of alcohol and drug related arrests: According to the local sheriff's department 80%-90% of all arrests and calls are alcohol and drug related.

- Number of alcohol and drug admissions to hospitals in county: It is hard to establish firm figures of hospital admissions related to chemical abuse because admissions show primary physical complaints and diagnosis, not necessarily the cause.

- Number of DUI arrests within county: Not reported.

b. Gaps in Services

- The community lacks a formal support and referral system through the schools for children from alcoholic families.

  Solution: Program officials intend to look at other school districts to learn how to teach educators and administrators to recognize children from alcoholic families and to respond appropriately. Also, the county psychologist has offered to assist the program counselors to help run group counseling sessions for children of alcoholics.

c. Problems in delivering or obtaining the following services:

- Outpatient - No identified problems except that which was explained under Gaps in Services.

- Inpatient - The major problem with inpatient services available through Galen State Hospital and the VA hospitals is the waiting list for admittance to the facilities which can be up to 10-14 days.

  Solution: The problem of long waits at Galen and VA hospitals cannot be remedied from this level. Program officials would encourage State authorities to pressure legislators to provide the necessary funding to increase capacities.

- Detoxification - No problems.

- Transitional Living - No problems.

d. Problems with DUI court schools

- There are no problems with the DUI court school in Sweet Grass County.

e. Prevention

- Literature distribution, school presentations, media ads and a Minors in Possession program are provided by the Sweet Grass County Chemical Dependency Program.

  Problem: Budget restrictions preclude the setting up of workshops/seminars in Sweet Grass County since expenses would have to be paid to experts from outside the community to put on such programs.

  Solution: Program officials feel that presentations made by the Program Counselor/Administrator to service groups and schools are an effective way of reaching the general public.

6. County Plan Service Area

Stillwater County

Population: 5,500

a. Statistics

- Number of alcohol and drug related arrests: Not addressed.
- Number of alcohol and drug hospital admissions: Not addressed.
- Number of DUI's issued in county: Not addressed.

b. Gaps in Services

- Chemical education for physicians.

  Solution: Do presentations, workshops and/or provide inservice training, as requested.

- Specifically outlined procedure between doctors, Stillwater Community Hospital and the chemical dependency counselor for the treatment of chemically dependent patients admitted for detoxification is needed.

  Solution: Meet with hospital representatives to outline specific needs. Research established procedures and adopt a specifically outlined procedure acceptable to Stillwater County Hospital.

- Prevention, education and support services for youth such as Alateen and facilitation of school education programs for all county schools.

  Solution: Meet with youth, parents, school board and school personnel to outline specific needs. Aid in facilitating an Alateen group. Aid in facilitating educational programs in county school.

- An intervention program with County schools for youths suffering from chemical dependency or chemical dependency-related problems is needed.

Solution: Research other operating programs. Meet with the county school board and county school personnel to plan and implement an instruction program to meet individual school's needs.

- Primary co-dependency education is needed for women and families.

  Solution: Research and initiate news articles and a workshop to aid and educate co-dependent women and families.

c. Problems in delivering or obtaining the following services:

- Outpatient - No problems
- Inpatient - No problems
- Detoxification - No problems
- Transitional Living - No problems

d. Problems with DUI court schools

- No problems listed.

e. Prevention

- Literature distribution, media ads, and a Minors in Possession program are provided by the Stillwater Alcohol and Drug program satellite.

  Problem: School presentations and workshops/seminars are currently unavailable. The plan indicates these are "in the planning stage."

7. County Plan Service Area

Yellowstone County

Population: 104,000

a. Statistics

- Number of alcohol and drug related arrests within county: Local legal system officials indicate alcohol abuse is the key factor in 60 percent of the cases handled by county courts and welfare system.
- Number of alcohol and drug admissions to hospitals in county: Not reported.
- Number of DUI's issued in county: Not reported; however, Rimrock Foundation reported 502 DUI court school clients for FY83.

b. Gaps in Services

- Transitional living is no longer provided. The declining census in the Big Sky Halfway House, minimal reimbursement for this level of care, and increased standards reduced cost effectiveness to unacceptable levels.

- Extended long-term care for the chronically chemically disabled is an unmet need. While the percent needing this level of care is not large, those who are in need [1%] have no alternatives.

  Unmet service needs are largely a function of the lack of reimbursement.

c. Problems in delivering or obtaining the following services

- Outpatient - No problems identified.

- Inpatient - No problems identified.

- Detoxification - The bed capacity and physical plant [Rimrock Foundation] limits the scope of the service.

  There is a serious need for legislation allowing police/treatment staff to restrain highly intoxicated patients and prevent them from leaving detox services while still a danger to themselves and others.

  Solution: It is anticipated that bed capacity will be remedied with the completion of Rimrock's new facility.

- Transitional Living - See section of Gaps in Services.

d. Problems with DUI court schools

- No problems identified.

e. Prevention

- Literature distribution, school presentations, workshops/seminars and media ads are provided by Rimrock Foundation and South Central Mental Health Center. Local judges do not favor implementing a Minors in Possession Program at this time.

  Solution: At the discretion of the judges, Rimrock will accept adolescents being processed for possession, assess them and provide either DUI program or the outpatient 8 week assessment and education program.

B. Summary of Region III County Chemical Dependency Plans and Obligation of FY85 County Tax Monies

1. Common Needs and Problems

- Transportation to treatment facilities and obtaining treatment for indigent clients was mentioned as a problem in three plans. The waiting list for admittance to Galen was also delineated as a problem in obtaining treatment services for indigents.

- Three plans noted a gap in the continuum of care due to a lack of transitional living facilities.

2. Obligation of County Earmarked Tax Monies for FY85

1) Big Horn
100% to Big Horn County Chemical Dependency Program - outpatient

2) Carbon
100% to South Central Montana Alcohol and Drug Program - outpatient

3) Fergus
100% to Alcohol and Drug Services of Central Montana - outpatient

4) Golden Valley
100% to Musselshell/Golden Valley Alcohol and Drug Program - outpatient

5) Judith Basin
100% to Alcohol and Drug Services of Central Montana - outpatient

6) Musselshell
100% to Musselshell/Golden Valley Alcohol and Drug Program - outpatient

7) Petroleum
100% to Alcohol and Drug Services of Central Montana - outpatient

8) Stillwater
100% to South Central Montana Alcohol and Drug Program - outpatient

9) Sweet Grass
100% to Sweet Grass County Chemical Dependency Program - outpatient

10) Wheatland
100% to Alcohol and Drug Services of Central Montana - outpatient

11) Yellowstone
83% to Rimrock Foundation [80% - detoxification - 20% outpatient]
12% to Southcentral MH Alcohol and Drug Program - outpatient
5% to Contingency Fund [to be divided 83%, 12% at the end of the year to Rimrock and Southcentral]

C. Region III Statistics and Data Highlights

1. Primary Client Characteristics at Admission [See Table 33].

- Region III has averaged 944 first admissions per year since 1980.
- The percent of women entering treatment in Region III has increased from 26% of the admissions in 1980 to 30% in 1983.
- The treatment of youth 17 years and younger has averaged 8% of the total first admissions since 1980 and admissions for persons 18-20 has averaged 8%. Treatment of persons in the 21-25 year age group has increased from 11% of the admissions in 1980 to 18% in 1983.
- 40% of the persons admitted to Region III program had some type of employment at the time of admission; however, since 1982 only 47% had insurance.

2. Family Member Characteristics at Admission [See Table 34].

- Region III has consistently admitted approximately 315 family member clients per year.
- The majority of family member clients admitted in Region III are women accounting for 78% of the family member treatment admissions since 1980.
- Since 1980, approximately 18% of family admissions have been 17 years of age or younger which suggests that Region III programs are impacting children of chemically dependent persons.
- 47% of the family members admitted for treatment in 1980 were employed at admission compared with 59% in 1983. Approximately 71% of family member clients had some type of insurance.

3. DUI Court School Client Characteristics at Admission [See Table 35].

- DUI court school client admissions have increased from 360 admissions in 1980 to 743 admissions in 1983. This increase reflects the statewide trend which has resulted from stiffer DUI legislation enacted in October 1981.
- Since 1980, 86% of the admissions to DUI court schools were men; however, the number of women admitted to Region III court school programs has increased slightly from 12% of the client population in 1980 to 15% in 1983.
- 54% of clients admitted to DUI court schools are under 30 years of age.
- 70% of clients admitted to DUI court schools were employed at the time of admission and 62% had insurance.

4. Source of Referral at Admission [See Table 36].

In 1983, the majority of referrals to Region III programs were reported to be self referrals [33%], followed by referrals from community chemical dependency programs [14%], and referrals from family numbers [12%].

5. First Admissions to Chemical Dependency Programs by County of Residence and Admission Rates Per Thousand [See Table 37].

- Admission rates per thousand, based on first admissions to state-approved chemical dependency programs by county of residence show that in 1983 Big Horn and Golden Valley counties had the highest rate [11.7] within Region III, followed by Yellowstone County [7.1] and Musselshell Coutny [5.4]. Region III has had a slightly lower rate per thousand than the statewide rate of 7.0.

6. Reason For Discharge [See Table 38].

- The number of clients completing their treatment plans in Region III has increased from 42% in 1980 to 50% in 1983. Clients failing to complete treatment have averaged 39%, and those clients discharged because of inaccesibility have averaged 3%. Clients referred elsewhere have decreased from 15% of all discharges in 1980 to 2% in 1983.

7. Primary Client Follow-up Information [See Table 39].

- All state-approved programs are required to do follow-up, for the purpose of determining treatment effectiveness, 6 months after the client's treatment plan is completed. Chemical dependency programs in Region III have attempted to follow-up 1,316 clients since 1980 and successfully contacted 516 [39%].

- Of the 516 successful follow-up contacts since 1980, 58% indicated they were involved in AA or a maintenance program, 61% were employed and 79% reported total abstinence.

- The number of persons employed at the time of follow-up has increased from 58% in 1980 to 66% in 1983.

Table 33

REGION III

Primary Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1983 [in percents]

Client Characteristics	1980	1981	1982	1983
Total 1st Admissions	836	893	1,083	963
SEX				
Male	74%	72%	71%	70%
Female	26	28	29	30
RACE				
White	76	80	85	83
Black	1	1		
Native American	20	16	12	13
Hispanic	2	3	2	4
Other	1		1	
AGE				
0-17	8	7	11	6
18-20	6	8	11	8
21-25	11	15	15	18
26-30	13	14	15	17
31-44	33	33	30	34
45-64	26	21	17	16
65+	3	2	1	1
MARITAL				
Never Married	30	33	38	35
Married	32	33	28	34
Separated	7	6	8	8
Divorced	27	25	22	21
Widowed	5	3	4	2
EMPLOYMENT				
Full-Time	31	29	31	37
Part-Time	6	9	8	9
Unemployed	63	62	61	54
HEALTH INSURANCE				
None			55	51
Medicaid/Medicare			5	4
Blue Cross/Blue Shield			6	9
Private Insurance			20	23
Other			14	13

Table 34

REGION III

Family Member Characteristics at Admission To
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1983 [in percents]

Client Characteristics	1980	1981	1982	1983
Total 1st Admissions	319	277	275	389
SEX				
Male	25%	25%	19%	21%
Female	75	75	81	79
RACE				
White	94	94	98	95
Black	1			
Native American	3	4	2	3
Hispanic	2	1		2
Other		1		
AGE				
0-17	20	24	16	13
18-20	5	4	3	5
21-25	8	8	10	12
26-30	12	12	16	12
31-44	34	34	37	37
45-64	20	17	17	18
65+	1	1	1	3
MARITAL				
Never Married	26	30	24	21
Married	59	51	55	65
Separated	5	6	10	6
Divorced	9	11	10	7
Widowed	1	2	1	1
EMPLOYMENT				
Full-Time	34	36	39	47
Part-Time	13	14	18	12
Unemployed	52	50	43	47
HEALTH INSURANCE				
None			35	23
Medicaid/Medicare			6	3
Blue Cross/Blue Shield			12	19
Private Insurance			32	41
Other			15	14

Table 35

REGION III

DUI Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1983 [in percents]

Client Characteristics	1980	1981	1982	1983
Total 1st Admissions	360	364	661	743
SEX				
Male	88%	85%	86%	85%
Female	12	15	14	15
RACE				
White	86	90	81	84
Black	1			1
Native American	10	8	16	13
Hispanic	3	2	31	2
Other				
AGE				
0-17	4	5	2	1
18-20	14	15	12	13
21-25	24	21	22	22
26-30	16	12	16	16
31-44	25	28	27	28
45-64	15	18	19	17
65+	2	1	2	3
MARITAL				
Never Married	48	42	38	40
Married	30	34	37	33
Separated	4	3	3	2
Divorced	16	19	20	22
Widowed	2	2	2	3
EMPLOYMENT				
Full-Time	63	61	57	55
Part-Time	10	12	12	11
Unemployed	27	27	31	33
HEALTH INSURANCE				
None			39	36
Medicaid/Medicare			3	4
Blue Cross/Blue Shield			12	10
Private Insurance			22	29
Other			24	21

Table 36
REGION III

Source of Referral at Admission
To Chemical Dependency Programs

Referral Source	1979	1980	1981	1982	1983
Self	243	256	297	394	320
Hospital	87	75	84	99	53
CMHC	9	15	16	13	9
Private MC	27	16	18	11	29
Public Health	4	5	2	2	0
Own Program	10	3	2	3	6
Court School	0	0	0	2	5
AA, Alanon, Ala.	48	37	37	25	24
Other Alcohol Programs	82	78	71	118	133
Voc Rehab	2	0	2	0	1
Social Services	33	23	31	44	27
Courts	92	52	49	58	75
Police, Probation, Parole	162	131	95	124	76
Attorney, Legal Aid	18	10	2	2	6
Employer	13	12	12	13	20
Church	4	3	3	4	4
School	23	8	11	7	13
Spouse/Family	109	80	116	120	111
Friends	63	29	39	39	33
TV, News, Ads	8	2	4	1	3
Other	8	1	2	4	16
Unknown	3	0	0	0	0
TOTAL	1,048	836	893	1,083	963

TABLE 37

REGION III

First Admissions to Chemical Dependency Programs
By County of Residence and Admission Rates Per Thousand

County	1980 Census	Adm.Rate 1980	Adm.Rate 1981	Adm.Rate 1982	Adm.Rate 1983
Big Horn	11,096	12.9	6.4	11.5	11.7
Carbon	8,099	5.2	7.5	5.3	3.6
Fergus	13,076	7.0	7.0	4.8	4.7
Golden Valley	1,026	6.8	14.6	11.7	11.7
Judith Basin	2,646	4.2	3.4	2.6	1.1
Musselshell	4,428	12.0	7.7	9.9	5.4
Petroleum	655	1.7	4.6	1.5	1.5
Stillwater	5,598	5.9	5.9	5.0	4.6
Sweet Grass	3,216	3.4	4.0	3.7	5.0
Wheatland	2,359	7.2	5.0	6.4	2.1
Yellowstone	108,035	6.1	6.6	7.9	7.1
TOTAL REGION III	160,234	6.6	6.6	7.5	6.7
STATE	786,690	6.5	6.3	7.0	7.0

REGION III

Table 38

Reason for Discharge
Primary Chemical Dependency Clients for
Calendar Years 1980 - 1983 [in percents]

Reason for Discharge	1980	1981	1982	1983
Total Discharges	1,306	1,218	1,409	1,158
Left Before Treatment Completed	39%	37%	39%	42%
Inaccessible, Moved	3	4	3	2
Died	1			
Treatment Plan Completed	42	52	49	50
Client Referred	15	7	9	2

REGION III

Table 39
Primary Client Follow-up Information
Six Months After Discharge

Calendar Years 1980 - 1983

	1980	1981	1982	1983
Number of Follow-up Attempts	93	155	499	569
Number of Successful Follow-up Contacts	45	94	167	210
Percent Contacted	48%	61%	34%	37%
Percent in a Maintenance Program	62%	59%	57%	55%
Percent Employed	58%	56%	65%	66%
Percent Abstinent	82%	73%	82%	79%

IV. REGION IV PLAN SUMMARIES AND STATISTICS

A. Individual County Plan Summaries

1. County Plan Service Area

Beaverhead and Madison counties.

Population: 13,934

a. Statistics:

- Number of alcohol and drug related arrests within county for FY83:

  Beaverhead - 604 total arrests. Both the Chief of Police and Sheriff stated that 80% of all arrests made were indirectly or directly related to chemical abuse.

  Madison - 225 total arrests. Law enforcement stated that 80% were alcohol related.

- Number of alcohol and drug admissions to hospitals in counties for FY83:

  Beaverhead - 26
  Madison - 23

- Number of DUI's issued within counties for FY83:

  Beaverhead - 86
  Madison - 25

b. Gaps in Services

- The county plan states that program staff is not adequate to handle all the problems that are revolving around alcohol.

  Solution: The plan states that the only solution for bridging the gaps in services is to approach ADAD for funds to increase staff personnel.

c. Problems in delivering or obtaining the following services:

- Outpatient - Understaffing and inadequate funding to run an alcohol and drug program for outpatient services. There is a problem providing outpatient services to outlying areas due to lack of funding.

- Inpatient - There is a problem obtaining inpatient services for low income and indigent clients. The plan states that Galen is often full. The plan also states an inpatient facility is needed specifically for Beaverhead and Madison counties.

- Detoxification - The only detoxification available in Madison and Beaverhead counties is Galen. Transportation costs are a problem.

° Transitional Living - The plan states that transitional living facilities are needed in this area because of the transient population.

Solution for solving service delivery problems: Request funding from the Department of Institutions.

d. Problems with DUI court schools

° The plan states that the court school needs to be standardized in procedure and charges. The plan also mentions that one of the main problems is that outlying communities are ticketing people for DUI offenses but the outpatient program does not get them because of transportation involved in getting the person to and from the court school. The program director feels that full client credit should be given to each court school participant.

e. Prevention

° Literature distribution, school presentations, workshops/seminars are provided on a limited basis because of lack of funding and staff. A Minors in Possession project is ongoing as part of the school system's curriculum.

2. County Plan Service Area

Broadwater, Jefferson, Lewis & Clark, Teton, Pondera, and Glacier counties. [Even though Pondera, Teton and Glacier counties are geographically located in Region II they have contracted with the Boyd Andrew Service Center in Region IV for provision of services]

Population: 77,200

a. Statistics

° The number of alcohol and drug related arrests within counties:

	1981	1982	FY83
Helena City Police	256	201	
Broadwater County	12	29	
Jefferson County	22	68	
Glacier County			124
Pondera County			33
Browning			325

- The number of alcohol and drug admissions to hospitals in counties:

	1981	1982	FY83
St. Peter's Hospital - Helena	84	92	
Choteau Hospital		11	
Broadwater Hospital	7	7	
Glacier County			23
Pondera County			15
Browning			32

- The number of DUI's issued in counties:

	1981	1982	FY83
Helena City Police	79	81	
Broadwater County	30	13	
Jefferson County	13	43	
Teton County	10	20	
Glacier County			10
Pondera County			20

Gaps in Services

- Elderly - Specific treatment services for the elderly have not been developed to date.

  Solution: Although substance abuse by elderly citizens is recognized as a serious problem, the primary cause appears to be ignorance rather than a conscious effort to abuse chemical substances. Therefore, Boyd Andrew Service Center will continue to target this population with prevention/education strategies.

- Native Americans - Medicine Pine Lodge: extended care facilities are not available in the area. Existing facilities are filled and also located far from the Blackfoot Reservation.

  Solution: Medicine Pine Lodge is presently working on expansion to provide some services for extended care on the reservation.

  Medicine Pine Lodge has a building [old school] at Heart Butte that is being prepared for their treatment program. The existing facility in Browning will become detox only with an 18-bed capacity.

  Presently, the Medicine Pine Lodge is using Napi Lodge, Lethbridge, Alberta, Canada, and St. Paul Treatment Center, Cardston, Alberta, Canada as referrals for extended care.

- Women - This will be a priority target population. Special effort will be made to encourage treatment groups and individualized treatment plans that deal with the specialized needs of women. Further, it is planned that education will be geared toward women to encourage them to seek early intervention and early treatment.

- Youth - Because of our active role in Community Intervention, we plan to develop a cooperative and referral arrangement with the high schools and grade schools within the service area.

c. Problems in deliverying or obtaining the following services:

- Outpatient - The major problem is the increasing demand for services with little hope of additional funding.

  Solution: 1) To develop more aggressive strategies to collect client fees; 2) aggressively pursue 3rd party payments; and 3) explore more efficient methods of providing services, including greater use of group treatment strategies and more effective use of referral resources.

  Medicine Pine Lodge - There is a shortage of staff due to lack of funds.

- Inpatient - The county plan states that the Boyd Andrew Service Center has experienced continuing problems in having persons admitted to Galen due to full occupancy or recidivism.

  Solution: It is hoped that Galen's program philosophy will become more lenient in view of the fact that alternative resources for low income and indigent clients are almost non-existent with the exception of the 5 beds at Hilltop. It is hoped that this additional treatment could be financed from the State General Fund.

- Detoxification - Medicine Pine Lodge indicates they do not have enough bed space.

  Solution - To open a treatment component at Heart Butte. The existing facility in Browning will become an 18-bed detox facility only.

- Transitional Living - There are no transitional living facilities for women so referrals for women in need of this services has been a problem. Medicine Pine Lodge says they do not have enough bed space.

d. Problems with DUI court schools:

- The law seems to need clarification and unification with some judges making referral to treatment.

  Solution: The Boyd Andrew Service Center plans to do continuing education regarding this area. The county plan also states that Boyd Andrew Service Center may start a DUI school in Conrad or Cut Bank.

e. Prevention

- Boyd Andrew Service Center will distribute literature, make school presentation, hold workshops and use media announcements throughout this service area. The Center has indicated it will work closely with other agencies, law enforcement, juvenile probation, etc. and with school and local core groups to address the Minors in Possession problems.

3. County Plan Service Area

Anaconda, Deer Lodge County and Granite County [Phillipsburg area].
Population: 14,274

a. Statistics

- Arrest and Law Enforcement information:
  - Total arrests for four years was 2,272.
  - Over a four year period there were 697 juvenile arrests for possession of alcohol.
  - The police dispatcher reports that over 10,000 calls were documented through dispatching personnel for the past year. It is estimated that 95 percent of all law enforcement activity may be alcohol-related.
  - DUI arrests over a four year period including FY 83 is 62.
  - Granite County reports 26 alcohol related arrests for the past four years.
- Hospital Admissions
  - Hospital admissions over a four year period with a diagnosis of alcoholism or acute intoxication was 84.

b. Gaps in Services

It is felt that all treatment needs are being met to a reasonable degree.

c. Problems in delivering or obtaining the following services:

- Outpatient - None
- Inpatient - None
- Detoxification - None
- Transitional Living - Too few transitional living facilities are available.

d. Problems with DUI court schools

No problems at this time.

e. Prevention

- Literature distribution, school presentations, workshops/seminars, and a Minors in Possession program are provided by Alcohol and Drug Services of Anaconda/Deer Lodge County.

  Problem - Funds have not allowed for use of the media except as a free public service spot that has been used on the radio.

4. County Plan Service Area

Gallatin County
Population: 42,865

a. Statistics

° Alcohol and Drug related arrests for FY83:

- DUI - 454
- Non-DUI - 943

° Number of alcohol and drug admissions to hospitals in counties:

- FY82 - 52
- FY83 - 70

° Number of DUI's issued in counties:

- FY82 - 195
- FY83 - 454

b. Gaps in Services

° There is a need for more education and prevention than currently is being presented.

° There is a need in this area for an inpatient treatment center.

Solution: The State Department of Health approved a Certificate of Need for an inpatient treatment center in Bozeman on 11-5-82. Persons interested in establishing a small inpatient unit in Bozeman will be recruited.

c. Problems in delivering or obtaining the following services:

° Outpatient - No problem other than travel distance to West Yellowstone.

Solution: Whenever possible West Yellowstone clients will be encouraged to travel to Bozeman. The program is looking into maintaining audio-visual equipment in West Yellowstone so that local service providers can show educational materials.

° Inpatient - Distance to inpatient treatment sometimes creates a financial hardship for families. Some inpatient programs do not honor certain insurances.

Solution: New insurance laws should make inpatient care more available. See section on Gaps in Services.

- Detoxification - Galen and Bozeman Deaconess Hospital seem to be meeting this need presently and hopefully will do so in the future.

- Transitional Living - Not available and a facility for the area is needed. At present very few facilities exist in the state and the few that do exist are generally too far away to be considered practical for residents of Gallatin County.

  Solution: If such a facility should become a reality in Gallatin County it would have to be self-supporting and/or financed with private monies.

d. Problems with DUI Court Schools:

- Logistic problem in providing DUI court school to West Yellowstone.

  Solution: Hope to have video equipment located in West Yellowstone so that local service providers can show DUI clients tapes while staff spend their time in evaluation. Other than logistic problems there are no problems with the school at present.

e. Prevention

- Literature distribution, school presentations, workshops/seminars and media ads and announcements are provided. No problems mentioned.

5. County Plan Service Area

Park and Meagher Counties.

Population: 15,023

a. Statistics

- Number of alcohol and drug related arrests for FY83:

  - Park County - 449
  - Meagher County - 13

- Number of alcohol and drug related admissions to hospital for FY83:

  - Park County - 53
  - Meagher County - 11

- Number of DUI's issued in county for FY83:

  - Park County - 109
  - Meagher County - 7

b. Gaps in Services

- Funds for emergency detox at Livingston Memorial Hospital. Distance to Galen is costly.

Solution: Center staff have partially resolved this problem by working more closely with Park County Human Services and discussions with members of the hospital Board and local physicians.

- Due to limited staff, budget restrictions, staff time and lack of appropriate facilities, outreach has been limited.

  Solution: The program has explored sources for additional funds and has discussed using appropriate facilities with organizations who own them. If staff time becomes available.

- Transitional Living Services - Since closure of the transitional living facility in Livingston this service has been, for all practical purposes, unavailable to program clients.

  Solution: The program would appreciate assistance from ADAD in assessing the practicality and, if appropriate, pursuing funding to re-establish this service.

c. Problems in delivering or obtaining the following services:

- Outpatient - None.

- Inpatient - Distance and transportation costs are major problems. The program has, at times, experienced a lack of communication and/or mis-communication with Galen.

  Solution: Perhaps Galen could provide updated information on treatment slots available on a bi-weekly or monthly basis and their admission criteria.

- Detoxification - The problem in providing this service is the distance to Galen which, at times, can create medical concerns for a client in acute withdrawal. Also, the distance is burdensome to the program's staff time and transportation allowance.

  Solution: Plans to utilize community volunteers and seek additional funds for this service area are under consideration.

- Transitional Living - See above, Gaps in Services.

d. Problems with DUI court schools:

- No problems mentioned.

e. Prevention

- Literature distribution, school presentations and a Minors in Possession program are provided by the Park County Alcohol and Drug Program.

  Problem: Media usage and direct advertisement of services is prohibitive due to costs.

6. County Plan Service Area

Powell County and Drummond, Hall and Maxville of Granite County

Population: 9,658

a. Statistics

° Number of alcohol and drug related arrests for FY83:

Powell County

- 80% of all teenage arrests are alcohol related.
- 60% of all crimes involve alcohol.
- There were 32 DUI's issued and 31 convictions.
- There were 80 cases involving alcohol and drugs in the McGillis Court.
- 33% of the cases in Justice Habbe's courts were alcohol related.

Granite County

- There were 10 DUI's issued and 8 convictions.
- There were 31 cases of minors in possession.
- 9 traffic violations were alcohol related.

° Number of alcohol and drug related hospital admissions for FY83:

- Powell County Memorial Hospital - 14 diagnosed as alcoholism
- Granite Memorial Hospital - 4 alcohol and drug related admissions

b. Gaps in Services

° Transitional living facilities not available within the immediate area.

° Galen will not accept drug detox cases.

° No transitional living facilities available for women.

c. Problems in deliverying or obtaining the following services:

° Outpatient - Special problems in this area due to lack of adequate help due to funding. The area is depressed and the majority of clients lack insurance and the ability to pay for services.

° Inpatient - Full occupancy at Galen is a problem because clients have been referred back to the community to await an opening.

- Detoxification - Getting detoxification for drug clients is a problem because Galen will not accept these people. The only course of action for detoxification of drug clients is to refer them to local hospitals.

- Transitional Living - No facility is available in the immediate area; therefore, clients must be referred to other areas. There is no transitional living facility for women which creates a special problem throughout the state.

Solutions to Service Delivery Problems:

- Emergency care clients will be referred to local hospitals and transportation service to the Butte Care Unit will be offered.

- Refer those without insurance and ability to pay to Galen.

- Continue to refer clients to other areas until a transitional living facility can be developed in this area.

- Seek more funding through city, county, state and other funding sources.

e. Prevention

- Literature distribution, school presentation, workshops/seminars, media ads and a Minors in Possession program are provided by the Powell County Prevention Center. No problems mentioned at this time.

7. County Plan Service Area

Butte-Silver Bow County

Population: 37,950

a. Statistics

- FY 82-83 DUI arrests : 97
  Drug arrests : 15

- FY 83 alcohol and drug hospital admissions: 282

b. Gaps in Services

- None at this time. Shodair has filled the gap that previously existed for youth treatment.

c. Problems in delivering or obtaining services:

- Outpatient - No problems at this time.
- Inpatient - No problems at this time.
- Detoxification - Galen has refused to admit indigent drug clients for detox leaving no other resource for treatment.
- Transitional Living - No problems at this time.

d. Problems with DUI Court Schools

- No problems at this time.

e. Prevention

- Literature distribution, school presentations, workshops/seminars, media ads and a Minors in Possession program are provided by the Butte-Silver Bow Alcohol and Drug Program.

B. Summary of Region IV County Chemical Dependency Plans and Obligation of FY85 County Tax Monies

1. Common Needs and Problems

- Three plans mentioned that obtaining inpatient treatment for indigents is costly due to transportation costs and the distance to Galen.

- Obtaining inpatient services for clients was delineated as a problem in three plans due to the fact that Galen is often full and clients are put on a waiting list.

- All seven plans stated that there is a gap in the continuum of care due to lack of transitional living facilities.

2. Obligation of County Earmarked Tax Monies for FY85.

1) Beaverhead
100% to Beaverhead/Madison Chemical Dependency - outpatient

2) Broadwater
100% to Boyd Andrew Service Center - outpatient

3) Deer Lodge
100% to Alcohol Service Center of Anaconda/Deer Lodge County-outpatient

4) Gallatin
100% to Alcohol Services of Gallatin County - outpatient

5) Glacier
50% to Boyd Andrew Service Center - outpatient
50% to Medicine Pine Lodge - detoxification

6) Granite
50% to Alcohol Services Center of Anaconda/Deer Lodge County-outpatient
50% to Powell County Alcohol Services

7) Jefferson
100% to Boyd Andrew Service Center - outpatient

8) Lewis & Clark
100% to Boyd Andrew Service Center - outpatient

9) Madison
100% to Beaverhead/Madison Chemical Dependency - outpatient

10) Meagher
100% to Park County Alcohol and Drug - outpatient

11) Park
100% to Park County Alcohol and Drug - outpatient

12) Pondera
100% to Boyd Andrew Service Center - outpatient

13) Powell
100% to Powell County Alcoholism Center - outpatient

14) Butte/Silver Bow
2/3's to Community Alcoholism Services - outpatient
1/3 to Butte Indian Alcohol Program - intermediate

* 15) Teton
100% to Boyd Andrew Service Center - outpatient

* Glacier, Pondera and Teton counties, although geographically located in Region II, are included in the Region IV county plan summary because they contract for services from the Boyd Andrew Service Center in Helena and are part of the Broadwater, Jefferson, Lewis & Clark multi- county plan.

C. Region IV Statistics and Data Highlights

1. Primary Client Characteristics at Admission [See Table 40]

- Region IV has averaged 924 first admissions per year since 1980.
- 69% of first admissions since 1980 have been men.
- Treatment of youth 17 years and younger has increased from 9% of first admissions in 1980 to 20% in 1983. Admissions for clients between the ages of 18-20 have increased from 7% in 1980 to 14% in 1983 and first admissions of young adults between 21-25 has increased from 13% to 17%. In 1983, 51% of Region IV's treatment population was under the age of twenty-five.
- Since 1980, only 40% of the persons admitted to Region IV programs had some type of employment at the time of admission and only 42% had insurance.

2. Family Member Characteristics at Admission [See Table 41]

- Region IV has increased the number of family members admitted for treatment from 178 first admissions in 1980 to 321 in 1983.

- Although the majority of family members admitted as clients are women [approximately 79% of admission since 1980] there appears to be a trend that more men are seeking treatment as family members as evidenced by the fact that in 1980 men comprised only 19% of the total admissions compared with 25% in 1983.

- It is significant to note that 16% of family clients are under the age of seventeen which suggests that Region IV programs are impacting children of chemically dependent persons.

- 50% of the family clients were employed at admission and 59% had insurance.

3. DUI Client Characteristics at Admission [See Table 42]

- DUI court school client admissions have increased from 215 first admissions in 1980 to 503 admissions in 1983. This increase reflects the statewide trend which has resulted from stiffer DUI legislation enacted October 1981.

- Since 1980, 85% of all admissions to court schools were men; however, the number of women admitted to Region IV court school programs has increased from 14% of the total admissions in 1980 to 17% in 1983.

- 56% of clients admitted to DUI court schools were under 30 years of age and 18% were under the age of twenty.

- 69% of clients admitted to DUI court schools were employed at the time of admission and 58% had insurance.

4. Source of Referral [See Table 43]

- In 1983, the majority of referrals to Region IV programs were reported to be self-referrals [23%], followed by referrals from other community chemical dependency programs [19%] and referrals from police, probation and/or parole [18%].

5. First Admissions to Chemical Dependency Programs by County of Residence and Admission Rates per Thousand [See Table 44]

- Admission rates per thousand, based on first admissions to state approved programs by county of residence, show that in 1983 Beaverhead county had the highest rate [13.3] in Region IV, followed by Deer Lodge County [9.7] and Powell County [9.6]. In 1983, Region IV had a slightly lower rate-per-thousand than the statewide rate of 7.0.

6. Reason for Discharge [See Table 45]

- Since 1980, 46% of the primary clients discharged from Region IV programs completed their treatment plans, 32% failed to complete treatment, 11% were inaccessible or moved and 12% were referred elsewhere. The number of clients completing treatment increased from 40% in 1980 to 53% in 1983.

7. Primary Client Follow-up Information [See Table 46]

- All state approved programs are required to do follow-up, for the purpose of determining treatment effectiveness, 6 months after the client's treatment plan has been completed. Chemical dependency programs in Region IV have attempted to follow-up 1,407 clients since 1980 and successfully contacted 787 [56%].

- Of the 787 successful follow-up contacts since 1980, 50% indicated they were involved in AA or a maintenance program, 51% were employed and 83% reported total abstinence.

- Although Region IV has increased the number of follow-up attempts from 82 in 1980 to 569 in 1983 the percent of clients contacted has decreased from 59% to 37%. The percent of clients employed at the time of follow-up has decreased from 65% in 1980 to 45% in 1983.

Table 40

REGION IV

Primary Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1983 [in percents]

Client Characteristics	1980	1981	1982	1983
Total 1st Admissions	840	933	959	964
SEX				
Male	70%	70%	68%	69%
Female	30	30	33	31
RACE				
White	91	89	88	92
Black			1	
Native American	8	9	9	6
Hispanic	1	1	2	1
Other		1		1
AGE				
0-17	9	15	20	20
18-20	7	11	14	14
21-25	13	12	17	17
26-30	14	12	15	14
31-44	30	28	23	23
45-64	22	19	10	10
65+	5	3	1	2
MARITAL				
Never Married	35	41	51	52
Married	31	30	24	23
Separated	6	4	5	5
Divorced	24	22	18	18
Widowed	4	3	2	2
EMPLOYMENT				
Full-Time	35	31	25	23
Part-Time	6	6	13	10
Unemployed	59	63	62	67
HEALTH INSURANCE				
None			57	58
Medicaid/Medicare			6	5
Blue Cross/Blue Shield			9	9
Private Insurance			13	16
Other			15	12

Table 41

REGION IV

Family Member Characteristics at Admission To
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1983 [in percents]

Client Characteristics	1980	1981	1982	1983
Total 1st Admissions	178	159	189	321
SEX				
Male	19%	21%	19%	25%
Female	81	79	81	75
RACE				
White	93	93	96	92
Black				1
Native American	6	6	4	6
Hispanic	1	1		1
Other				1
AGE				
0-17	15	17	15	17
18-20	6	4	7	4
21-25	12	12	13	7
26-30	14	15	15	12
31-44	32	33	32	41
45-64	19	16	15	17
65+	2	1	3	2
MARITAL				
Never Married	22	25	26	25
Married	62	57	54	55
Separated	7	7	5	6
Divorced	7	9	15	12
Widowed	2	2		2
EMPLOYMENT				
Full-Time	38	38	36	35
Part-Time	13	16	13	12
Unemployed	49	46	51	53
HEALTH INSURANCE				
None			45	37
Medicaid/Medicare			5	3
Blue Cross/Blue Shield			21	19
Private Insurance			20	22
Other			9	19

Table 42

REGION IV
DUI Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1983 [in percents]

Client Characteristics	1980	1981	1982	1983
Total 1st Admissions	215	326	624	726
SEX				
Male	86%	85%	84%	83%
Female	14	15	16	17
RACE				
White	94	96	96	98
Black				
Native American	5	4	3	2
Hispanic	1		1	
Other				
AGE				
0-17	2	2	1	2
18-20	17	15	18	16
21-25	23	22	24	23
26-30	11	14	17	16
31-44	28	27	21	26
45-64	16	16	16	15
65+	2	3	2	2
MARITAL				
Never Married	46	45	50	48
Married	32	30	30	25
Separated	4	2	3	5
Divorced	17	21	15	20
Widowed	1	2	2	1
EMPLOYMENT				
Full-Time	64	58	48	48
Part-Time	12	9	14	12
Unemployed	24	33	38	40
HEALTH INSURANCE				
None			38	45
Medicaid/Medicare			4	4
Blue Cross/Blue Shield			14	15
Private Insurance			23	21
Other			21	15

Table 43
REGION IV

Source of Referral at Admission
To Chemical Dependency Programs

Referral Source	1979	1980	1981	1982	1983
Self	243	176	219	300	222
Hospital	87	19	27	12	17
CMHC	9	11	6	2	9
Private MC	27	37	20	10	13
Public Health	4	1	3	0	2
Own Program	10	17	18	29	28
Court School	0	0	0	9	45
AA, Alanon, Ala.	48	16	14	4	2
Other Alcohol Programs	82	157	140	145	182
Voc Rehab	2	2	1	1	0
Social Services	33	17	17	31	19
Courts	92	59	58	108	142
Police, Probation, Parole	162	84	193	176	169
Attorney, Legal Aid	18	4	4	5	3
Employer	13	31	27	43	10
Church	4	4	1	2	2
School	23	10	2	6	19
Spouse/Family	109	97	92	44	35
Friends	63	54	45	20	25
TV, News, Ads	8	19	35	5	1
Other	8	23	5	4	19
Unknown	3	2	6	3	0
TOTAL	876	840	933	959	964

Table 44

REGION IV

First Admissions to Chemical Dependency Programs
By County of Residence and Admission Rates Per Thousand

County	1980 Census	Adm.Rate 1980	Adm.Rate 1981	Adm.Rate 1982	Adm.Rate 1983
Beaverhead	8,186	10.9	6.2	10.3	13.3
Broadwater	3,267	1.2	1.5	5.5	6.4
Deer Lodge	12,518	10.6	15.4	14.5	9.7
Gallatin	42,865	2.9	13.8	5.0	5.6
Granite	2,700	4.0	5.9	6.7	8.9
Jefferson	7,029	6.7	5.0	6.4	5.0
Lewis & Clark	43,039	6.0	5.1	5.7	5.6
Madison	5,448	3.7	7.5	6.8	5.9
Meagher	2,154	6.5	7.4	7.0	6.0
Park	12,660	7.6	6.2	7.5	7.9
Powell	6,958	11.8	15.2	12.9	9.6
Silver Bow	38,092	8.2	9.0	7.2	6.8
TOTAL REGION IV	184,916	6.7	6.9	7.1	6.8
STATE	786,690	6.5	6.3	7.0	7.0

Table 45

REGION IV

Reason for Discharge
Primary Chemical Dependency Clients for
Calendar Years 1980 - 1983 [in percents]

Reason for Discharge	1980	1981	1982	1983
Total Discharges	987	1,172	1,168	1,983
Left Before Treatment Completed	32%	34%	34%	28%
Inaccessible, Moved	12	8	12	10
Died		1	1	
Treatment Plan Completed	40	48	41	53
Client Referred	16	9	12	9

Table 46

REGION IV

Primary Client Follow-up Information
Six Months After Discharge

Calendar Years 1980 - 1983

	1980	1981	1982	1983
Number of Follow-up Attempts	82	391	365	569
Number of Successful Follow-up Contacts	48	287	242	210
Percent Contacted	59%	73%	66%	37%
Percent in a Maintenance Program	56%	52%	38%	55%
Percent Employed	65%	44%	48%	45%
Percent Abstinent	81%	83%	84%	82%

V. REGION V PLAN SUMMARIES AND STATISTICS

A. Individual County Plan Summaries

1. County Plan Service Area

Flathead County

Population: 51,462

a. Statistics

- Number of alcohol and drug related arrests: Nothing reported in county plan.
- Number of alcohol and drug admissions to hospitals: None given; however, the county plan states that 300 clients were referred to inpatient treatment during the past two fiscal years [82-83] and it is estimated 60 people sought inpatient treatment on their own.
- Number of DUI's issued in county: Nothing reported in county plan.

b. Gaps in Services

- While the need of inpatient treatment is currently being met through referrals to inpatient treatment centers throughout Montana and out-of-state, it appears the amount of referrals are increasing and shall exceed the availability of beds within the next year (FY85). The out-of-county referrals reflect a considerable monetary loss to Flathead County and inconvenience to the patient and family.

  Solution: Currently the Heritage Corporation of Coeur D'Alene, Idaho is working toward a certificate of need to construct an Inpatient Chemical Dependency/Psychiatric Treatment Facility. Flathead county will support such a facility only is certain stipulations and requirements as outlined in the Flathead County Plan, are met.

c. Problems in Delivering or Obtaining the Following Services:

- Outpatient - Over the past year the need for an Intensive Outpatient [non-residential] Treatment Program has become apparent. A certain segment of the treatment population is treatable within the community for less cost to the client and insurance companies.

  Solution: Flathead County and Flathead Valley Chemical Dependency clinic recognizes this special treatment need and is currently developing a component of an existing organization to address this need. The program shall be in operation in 1984.

- Inpatient - In some instances a waiting list for admission presents a problem.

- Detoxification - None. Kalispell Regional, North Valley, Whitefish hospitals are very cooperative.

- Transitional Living - None apparent.

d. Problems with DUI Court Schools

None apparent at this time.

e. Prevention

- Literature distribution, school presentations, workshops/seminars, media ads and a Student Assistance Program are provided by Flathead Valley Chemical Dependency Services. No problems mentioned.

2. County Plan Service Area

Lake County
Population: 19056

a. Statistics

- Number of alcohol and drug related arrests within the county during the past fiscal year [83]: 16

- Number of alcohol and drug admissions to hospitals in county during the past fiscal year:

  - drug - 36 alcohol - 95

- Number of DUI's issued in county during the past fiscal year:

  - non-tribal - 143 tribal - 16

b. Gaps in Services

- A transitional living facility is needed to fill the gap between inpatient and outpatient/aftercare. Many clients and significant others complete the initial phase of the program and remain jobless, homeless, or otherwise in need of a further drug-free environment.

c. Problems in Delivering or Obtaining the Following Services:

- Outpatient - Fund availability. Outpatient/education counselor needs a secretary/receptionist and this is difficult to provide with available funds.

  Solution: Secretary/receptionist position was filled with a half-time person by using funds that became available from other budget items. Additional funds requested and a continual search for additional funding.

- Inpatient - No problems.
- Detoxification - No problems.
- Transitional Living - See Section on Gaps in Services.

e. Prevention

- Literature distribution, school presentations, media ads and Minors in Possession program is provided by Lake County Chemical Dependency Services.

3. County Plan Service Area

Lincoln, Sanders and Mineral Counties
Population: 29,300

a. Statistics

- Number of alcohol and drug related arrests:

	FY 82	FY 83
Mineral County	5	9
Lincoln	Not Compiled	
Sanders	Not Compiled	

The criminal justice system in Lincoln and Sanders County does not compile arrest statistics as to whether they are alcohol and drug related; however, police and sheriffs departments state that 85 percent of all their calls are directly or indirectly related to alcohol or drug abuse.

- Number of alcohol and drug related admissions:

	FY 82	FY 83
Mineral	2	7
Lincoln		10
Sanders		8

- Number of DUI's issued:

	FY 82	FY 83
Mineral	3	16
Lincoln/Sanders		80

b. Gaps in Services

- The program is providing necessary special treatment services within the restrictions of existing funding resources. Lack of counseling staff was mentioned.

c. Problems in Delivering or Obtaining the Following Services:

- Outpatient - Lincoln/Sanders: Lack of funding to provide staffing to provide services requested.

  Solution: A billing plan has been implemented to develop more funds for staffing. May gradually increase client fees.

Mineral: Treatment and prevention needs for youth are not being met due to lack of staff time.

Solution: Additional state or local funds will need to be made available for this specific purpose.

- Inpatient - Lincoln/Sanders: Galen, at times, does not have sufficient room for one to two weeks because of lack of available beds.

  Mineral: There is also increasing need for an adolescent inpatient treatment unit for indigent or low income youth.

  Solution: Encourage expansion of adult beds at Galen and recommend the development of an adolescent chemical dependency unit at Galen.

- Detoxification - No problems.

- Transitional Living - No problems.

d. Problems with DUI Court Schools:

Mineral County: The number of Montana court school admissions in Mineral County do not accurately reflect drunk driving offenses occurring within one county.

Sanders County: There is a need to address the awareness problem in Sanders County.

Solution: A task force is being formed to increase the awareness of the problem and apply pressure on law enforcement officials to increase the enforcement of DUI laws.

Lincoln County: No problems mentioned.

e. Prevention

- Literature distribution, school presentations, workshops/seminars and media ads are available in all three counties. An educational program for youth referred through juvenile probation departments is provided by the Lincoln/Sanders program.

  Problems: No Minors in Possession programming has been implemented in Mineral County due to lack of staff and lack of school support for adolescent intervention programming.

4. County Plan Service Area

Missoula County
Population: 76,016

a. Statistics

- Alcohol and drug related arrests in FY83: 774
- Alcohol and drug related hospital admissions in FY83: 94
- Number of DUI's issued in FY82 172
- Number of DUI's issued in FY83 378

b. Gaps in Services

- Missoula County intends to fund an alcohol plan to be completed during FY85 which will involve research and quantitative analysis of needs not being met.

c. Problems in Delivering or Obtaining the Following Services:

- Outpatient - No problems.

- Inpatient - Access to the alcoholism treatment program [28 day program] is becoming increasingly difficult. The treatment program often operates at capacity and necessitates waiting periods of a week or more. There is an increasing need for an adolescent inpatient treatment unit for indigent or low income youth.

  Solution: The strategy for solving the inpatient backlog and youth treatment area is currently being developed. A request for $3,000 is being submitted to the Missoula Board of County Commissioners to do a comprehensive analysis of Missoula County's chemical dependency problems. The plan will involve analyzing all chemical dependency services as well as developing a strategy for solving service delivery problems.

- Detoxification - Detoxification for indigent clients with drug dependency other than alcohol are often refused by Galen medical personnel.

  Solution: Clarification of medical policy would be helpful.

- Transitional Living - No problems.

d. Problems with DUI Court Schools

No problems identified.

e. Prevention

- Literature distribution, school presentations, workshops/seminars, media ads and a Minors in Possession program are available in Missoula County. No prevention problems were mentioned.

5. County Plan Service Area

Ravalli County
Population: 22,493

a. Statistics

- Number of alcohol and drug related arrests in county for FY83: 208
- Number of alcohol and drug related hospital admissions in county for FY83: 36 admissions for alcoholism and 8 drug overdoses.
- Number of DUI's issued in county for FY83: 151

b. Gaps in Services

- All areas of treatment needs are currently being met on a limited basis. The extent of the needs exceed the services that can be provided by a professional staff of three.

  Solution: 1) Increased emphasis on group counseling as a primary treatment modality; 2) implementation of a volunteer counselor training program to provide outreach services to specific target populations and to provide participation for increased group emphasis; and 3) expanding professional staff. Third party payments, expanding local funding base, development of a community task force, increased use of volunteer administrative support staff, foundation funding and federal grants are being explored as potential means for allowing professional staff expansion.

c. Problems in Delivering or Obtaining the Following Services:

- Outpatient - See section on gaps in services.
- Inpatient - No problems.
- Detoxification - No problems.
- Transitional Living - There are no appropriate transitional living facilities for women in Montana.

  Solution: Referrals for women to transitional living facilities were made to out-of-state resources.

d. Problems with DUI Court Schools

No major problems.

e. Prevention

- Literature distribution, school presentations, workshops/seminars, media ads and a Minors in Possession program is provided by Ravalli County Chemical Dependency Services. No problems mentioned.

B. Summary of Region V Chemical Dependency Plan and Obligation of FY85 County Tax Monies

1. Common Needs and Problems:

- Obtaining inpatient treatment for clients is sometimes difficult because of waiting lists and lack of available treatment beds, particularly at Galen.

- An increasing need for an adolescent inpatient treatment unit for indigent and low income youth was identified in two plans.

2. Obligation of County Earmarked Tax Monies for FY85

1) Flathead
100% to Flathead Valley Chemical Dependency Services - outpatient

2) Lake
100% to Lake County Chemical Dependency Program - outpatient

3) Lincoln
100% to the Alcohol and Drug Centers of Lincoln and Sanders Counties - outpatient

4) Mineral
100% to the Alcohol and Drug Centers of Lincoln and Sanders Counties - outpatient

5) Missoula
86.4% to Recovery Foundation, Inc. - intermediate and outpatient
12% to Missoula Indian Alcohol and Drug Services - outpatient
1.6% to St. Patrick's Hospital -- detoxification

6) Ravalli
100% to Ravalli Chemical Dependency Services - outpatient

7) Sanders
100% to the Alcohol and Drug Centers of Lincoln and Sanders Counties - outpatient

C. Region V Statistics and Data Highlights

1. Primary Client Characteristics at Admission [See Table 47]

- Region V has averaged 829 first admissions per year since 1980. The number of first admissions has increased from 848 in 1980 to 1,236 in 1983.

- Since 1980, 75% of all first admissions to Region V programs have been men; there has been a slight decrease of women entering treatment in this region; in 1980 women accounted for 28% of all admissions compared to 24% in 1983.

- Treatment of youth 17 years and younger has consistently averaged 12% of all first admissions. Admission of clients between the ages of 18-20 has increased from 13% in 1980 to 16% in 1983. Clients in the age group 21-25 have consistently accounted for 17% of all first admissions.

- Since 1980, only 43% of the persons admitted to Region V programs were employed and only 45% had insurance.

2. Family Member Characteristics at Admission [See Table 48]

- Region V has increased the number of family members admitted for treatment from 196 in 1980 to 321 in 1983.

- Although the majority of family members admitted as clients are women [approximately 82% of admissions since 1980] there appears to be a trend that more men are seeking treatment as family members as evidenced by the fact that in 1980 men comprised only 16% of the total admissions compared with 25% in 1983.

- It is significant to note that 13% of family clients were under the age of seventeen which suggests that Region V programs are impacting children of chemically dependent persons.

- Only 45% of family clients were employed at admission; however, 66% had insurance.

3. DUI Client Characteristics at Admission [See Table 49]

- DUI court school client admissions have increased drastically in Region V from 379 first admissions in 1980 to 1,079 admissions in 1983. This increase reflects the statewide trend which has resulted from stiffer DUI legislation enacted in October 1981.

- Since 1980, 83% of the admissions to DUI court schools were men; the percentage of women admitted to Region V court school programs has consistently accounted for 17% of the admissions.

- 53% of clients admitted to DUI court schools were under 30 years of age.

- 64% of clients admitted to DUI court schools were employed at the time of admission; however, only 46% had insurance.

4. Source of Referral at Admission [See Table 50]

- In 1983, the majority of referrals to Region V programs were from the courts [36%], followed by self-referrals [16%] and police, probation and/or parole [12%].

5. First Admission to Chemical Dependency Programs by County of Residence and Admission Rates Per Thousand [See Table 51]

- Admission rates per thousand, based on first admissions to state-approved chemical dependency programs by county of residence, show that in 1983 Lincoln County had the highest rate [13.5] in Region V, followed by Flathead County [11.0] and Lake County [9.8]. Region V has consistently had a higher admission rate per thousand than the statewide average.

6. Reason for Discharge [See Table 52]

- Since 1980, 34% of the primary clients discharged from Region V programs completed their treatment plans, 45% failed to complete treatment, 9% were inaccessible or moved and 12% were referred elsewhere.

- It appears that an effort has been made in Region V to increase the percent of client's who complete treatment. In 1980 only 25% of the client's discharged completed treatment compared with 50% in 1983.

7. Primary Client Follow-Up Information [See Table 53]

- All state-approved programs are required to do follow-up, for the purpose of determining program effectiveness, 6 months after the client's treatment plan has been completed. Chemical dependency programs in Region V have attempted to follow-up 967 clients since 1980 and successfully contacted 410 [42%].

- Of the 410 successful follow-up contacts since 1980, 44% indicated they were involved in AA or a maintenance program, 64% were employed and 83% reported total abstinence.

- The number of follow-up attempts in Region V has increased from 46 in 1980 to 575 in 1983.

TABLE 47

REGION V
Primary Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1983 [in percents]

Client Characteristics	1980	1981	1982	1983
Total 1st Admissions	848	913	1,146	1,236
SEX				
Male	72%	74%	76%	76%
Female	28	26	24	24
RACE				
White	80	88	86	85
Black				
Native American	19	11	13	13
Hispanic		1	1	1
Other	1			1
AGE				
0-17	12	9	14	12
18-20	13	13	15	16
21-25	17	17	16	19
26-30	15	16	15	16
31-44	26	28	29	27
45-64	15	14	9	9
65+	2	3	2	1
MARITAL				
Never Married	44	39	50	52
Married	34	35	25	24
Separated	4	6	6	6
Divorced	17	17	17	17
Widowed	1	3	2	1
EMPLOYMENT				
Full-Time	35	35	28	31
Part-Time	7	10	12	13
Unemployed	58	55	60	56
HEALTH INSURANCE				
None			51	59
Medicaid/Medicare			5	4
Blue Cross/Blue Shield			12	10
Private Insurance			15	13
Other			17	14

TABLE 48

REGION V
Family Member Characteristics at Admission To
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1983 [in percents]

Client Characteristics	1980	1981	1982	1983
Total 1st Admissions	196	229	329	321
SEX				
Male	16%	12%	21%	25%
Female	84	88	79	75
RACE				
White	91	95	92	92
Black	1			
Native American	8	3	8	6
Hispanic		1		1
Other		1		1
AGE				
0-17	8	11	14	17
18-20	6	6	8	4
21-25	13	9	7	7
26-30	13	17	13	12
31-44	33	42	40	41
45-64	26	13	16	17
65+	1	2	1	2
MARITAL				
Never Married	18	20	26	25
Married	71	67	62	55
Separated	3	3	3	6
Divorced	5	7	8	12
Widowed	2	3	1	2
EMPLOYMENT				
Full-Time	31	29	34	35
Part-Time	14	14	12	12
Unemployed	55	57	54	53
HEALTH INSURANCE				
None			31	37
Medicaid/Medicare			4	4
Blue Cross/Blue Shield			15	18
Private Insurance			25	22
Other			25	19

TABLE 49

REGION V
DUI Client Characteristics at Admission to
State Approved Chemical Dependency Programs - First Admissions

For Calendar Years 1980-1983 [in percents]

Client Characteristics	1980	1981	1982	1983
Total 1st Admissions	379	427	676	1,079
SEX				
Male	84%	82%	84%	82%
Female	16	18	16	18
RACE				
White	94	96	95	93
Black				
Native American	5	4	4	6
Hispanic	1		1	1
Other				
AGE				
0-17	3	3	3	1
18-20	11	14	16	11
21-25	20	19	21	23
26-30	16	16	16	20
31-44	28	31	27	30
45-64	20	15	15	14
65+	2	2	2	1
MARITAL				
Never Married	41	43	48	42
Married	35	34	27	29
Separated	3	4	3	6
Divorced	18	17	18	19
Widowed	3	2	3	4
EMPLOYMENT				
Full-Time	63	55	47	49
Part-Time	7	12	11	12
Unemployed	30	34	42	39
HEALTH INSURANCE				
None			53	55
Medicaid/Medicare			15	3
Blue Cross/Blue Shield			15	10
Private Insurance			17	22
Other				10

TABLE 50
REGION V

Source of Referral at Admission
To Chemical Dependency Programs

Referral Source	1979	1980	1981	1982	1983
Self	238	191	181	168	195
Hospital	16	8	24	12	11
CMHC	4	6	10	10	21
Private MC	27	10	24	14	16
Public Health	3	0	0		1
Own Program	0	12	27	25	36
Court School	-	-	-	7	6
AA, Alanon, Ala.	133	8	23	12	9
Other Alcohol Programs	161	106	81	125	110
Voc Rehab	0	4	1	4	3
Social Services	4	19	25	29	43
Courts	90	250	314	405	441
Police, Probation, Parole	60	73	52	133	151
Attorney, Legal Aid	9	22	12	21	23
Employer	6	11	12	4	10
Church	3	0	0	0	0
School	1	51	24	64	40
Spouse/Family	68	45	42	66	51
Friends	53	22	21	39	41
TV, News, Ads	1	7	36	4	4
Other	9	3	4	4	22
Unknown	8	0	0	0	2
TOTAL	894	848	913	1,146	1,236

TABLE 51

REGION V

First Admissions to Chemical Dependency Programs
By County of Residence and Admission Rates Per Thousand

County	1980 Census	Adm. Rate 1980	Adm. Rate 1981	Adm. Rate 1982	Adm. Rate 1983
Flathead	51,966	8.7	8.6	10.3	11.0
Lake	19,056	6.8	4.3	6.2	9.8
Lincoln	17,752	12.3	11.7	13.0	13.5
Mineral	3,675	4.4	3.8	4.4	5.4
Missoula	76,016	3.3	4.7	5.4	4.8
Ravalli	22,493	4.4	4.7	4.6	5.4
Sanders	8,675	6.2	3.8	3.8	7.7
TOTAL REGION II	199,633	6.6	6.3	7.3	7.9
STATE	786,690	6.5	6.3	7.0	7.0

TABLE 52
REGION V

Reason for Discharge
Primary Chemical Dependency Clients for
Calendar Years 1980 - 1983 [in percents]

Reason for Discharge	1980	1981	1982	1983
Total Discharges	1,092	1,091	1,400	1,570
Left Before Treatment Completed	52%	49%	44%	35%
Inaccessible, Moved	8	10	10	8
Died				
Treatment Plan Completed	25	31	31	50
Client Referred	15	10	15	7

TABLE 53
REGION V

Primary Client Follow-up Information
Six Months After Discharge

Calendar Years 1980 - 1983

	1980	1981	1982	1983
Number of Follow-up Attempts	46	170	176	575
Number of Successful Follow-up Contacts	35	38	90	247
Percent Contacted	76%	22%	66%	57%
Percent in a Maintenance Program	54%	37%	40%	46%
Percent Employed	69%	66%	60%	61%
Percent Abstinent	89%	80%	65%	79%

6.0 BUDGET INFORMATION

6.1 State Budget Process

Budgets are developed annually by the Alcohol and Drug Abuse Division based upon historical costs and any anticipated expansions. The State of Montana operates on a July 1 through June 30 fiscal year. All Divisions within the Department prepare budgets in coordination with the Department's Management Services Division.

The Department of Institutions budget is submitted by the Management Services Division with approval from the Department Director, to the Governor's Office of Budget and Program Planning [OBPP] for review and approval. When approved, the Department of Institutions budget is included in the Executive Budget prepared by the OBPP.

After review by the OBPP, the Department of Institutions' budget is given to the legislative appropriations subcommittee. The subcommittee compares the Department's budget, included in the Executive Budget, to a similar budget prepared by the Legislative Fiscal Analyst. Through negotiations, a final budget is arrived at by the legislative appropriations subcommittee. The budget, as agreed upon by the subcommittee, the Office of Budget and Program Planning, and the Department of Institutions is submitted to the legislature for final appropriations. Appropriations are made on a biennial basis by the legislature.

6.2 Proposed Budget

ADAD ADMINISTRATION	FY84	FY85
Earmarked Alcohol Tax Revenue	$ 291,242	$ 311,343
SSI - DA&A Referral Contract	21,081	22,363
Alcohol, Drug Abuse Block Grant	74,680	60,482
Total Administration	$ 387,003	$ 394,188
Montana Drug Program		
State General Fund	$ 219,606	$ 230,925
Alcohol, Drug Abuse Block Grant	405,892	414,817
Total Montana Drug Program	$ 625,498	$ 645,742
Community Programs		
Alcohol & Drug Abuse Block Grant - Discretionary.	$ 398,622	$ 398,622
Earmarked Alcohol Tax Revenue-County Distribution	1,638,715	1,553,409
County - Block Grant Supplemental.	199,258	284,564
Jobs Bill-Alcohol and Drug Abuse Block Grant	45,651	11,473
Total Program Grants	$2,282,246	$2,248,068
Total Proposed Budget	$3,294,747	$3,287,998

6.3 Expenditure of Discretionary Funds [FY84 - FY85]

June 1984

	FY 84 Approved		FY 85 Requested		ADAD Recommendation		Advisory Council Recommendation		ADAD	FINAL	'85 Approved		Number Contracted Clients Outpatient Month
	Total	State	Total	State	Total	State	Total	State	Total	State	Total	State	
District II Glendive	172,502	40,317	185,175	42,860	178,863	37,810	178,863	37,810	178,863	37,810	178,863	37,810	90
District III - Miles City	154,033	20,549	165,039	22,407	152,265	12,187	154,163	13,705	154,163	13,705	154,163	13,705	80
Fort Belknap	146,629	11,369	174,402	11,369	162,782	-0-	162,782	-0-	162,782	-0-	162,782	-0-	-0-
Medicine Pine Lodge	182,652	17,038	200,687	26,330	158,757	14,650	188,757	14,650	189,958	15,791	189,958	15,791	20
Hill Top - Havre	299,064	88,077	(4 @ 65.00)	94,900	(5 @ 52.00)	94,900	5 @ 53.60	97,820	5 @ 53.60	97,820	5 @ 53.60	97,820	*
ADCM - Lewistown	79,142	12,289	84,673	13,070	82,955	11,696	82,955	11,696	82,955	11,696	82,955	11,696	50
Musselshell - Golden Valley	39,451	16,289	41,005	17,816	39,920	15,290	39,920	15,290	39,920	15,290	39,920	15,290	20
So.Cent.MT CMHC-Billings	133,915	27,244	N/A	23,354	N/A	23,354	N/A	23,354	N/A	23,354	N/A	23,354	**
Park/Meagher Co.	76,979	25,892	79,160	23,248	79,084	23,187	79,084	23,187	79,084	23,187	79,084	23,187	60
Beaverhead/Madison Co.	-0-	-0-	90,454	29,147	73,341	7,366	74,941	8,646	74,941	8,646	74,941	8,646	50
Butte Indian	98,101	14,841	111,200	27,252	102,025	6,935	102,715	7,487	102,715	7,487	102,715	7,487	32
Anaconda/Deer Lodge Co.	57,085	17,477	62,613	25,783	59,368	16,897	59,368	16,897	59,368	16,897	59,368	16,897	30
Powell County-Deer Lodge	28,434	1,532	37,184	11,659	31,783	2,846	31,783	2,846	31,783	2,846	31,783	2,846	20
Boyd Andrew	228,371	47,582	261,641	59,269	244,836	45,825	244,836	45,825	244,836	45,825	244,836	45,825	80
RCDP - Hsia - Mineral Co.	10,551	3,271	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-
Lincoln-Sanders-Mineral	149,274	54,855	176,046	58,402	175,913	61,395	175,913	61,395	175,913	61,395	175,913	61,395	130***
JOBS BILL													
Big Horn County	7,500	7,500	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-
Ronan	14,275	14,275	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-
Ravalli	15,070	15,070	86,959	20,530	86,959	20,364	86,959	20,364	86,959	20,364	86,959	20,364	50
Lincoln/Sanders	8,806	8,806	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-
GRAND TOTAL	1,901,834	444,273	1,756,238	507,396	1,658,851	394,702	1,663,039	400,972	1,664,240	402,113	1,664,240	402,113	712

* Contract will pay for 1,825 bed days

** Contract will pay for 713 hourly units of counseling services

*** Jobs Bill and Mineral Co. included

July 1, 1984

FY 84 - FY 85
DRUG FUNDING

	FY 84 Contracts	FY 85 Contracts	Contracted Clients Monthly
District II - Glendive	18,720	28,080	18
District III - Miles City	17,680	26,520	17
Providence - Great Falls	62,400	62,400	40
Rimrock - Billings	46,800	46,800	30
SCMRMHC - Billings	31,200	31,200	20
Gallatin Council - Bozeman	78,000	78,000	50
Butte/Silver Bow	86,564	86,564	50
Anaconda/Deer Lodge Cty	43,835	43,835	30
Boyd Andrew Helena	62,400	62,400	40
Recovery Foundation - Missoula	93,600	93,600	60
Salish/Kootenai - Ronan	31,200	31,200	20
Flathead Valley - Kalispell	46,800	46,800	30
TOTAL	619,199	637,399	405

* Contracts were from November 1, 1983 - June 30, 1984.

7.0 STATEWIDE GOALS AND OBJECTIVES

Goal #1: Maintain the current level of chemical dependency services in Montana.

Objective 1: Maintain a minimum client/counselor ratio of 1 to 20 in all state-approved outpatient programs and maintain an occupancy rate of at least 70% in all state-approved inpatient, detoxification and intermediate care treatment program components.

Objective 2: Contract department discretionary block grant funds to chemical dependency programs based on ADAD review criteria and funding priorities by June 30 each year.

Objective 3: Contract block grant funds with approved drug clinics for outpatient and prevention/education or early intervention services by June 30 each year.

Objective 4: Cooperate with the Board of Pardons in establishing and conducting chemical dependency programs for individuals in or on parole from penal institutions.

Goal #2: Maintain the quality of chemical dependency services provided in Montana.

Objective 1: Conduct on-site program evaluations of all state-approved chemical dependency programs at least annually to determine approval status and to ensure compliance with state treatment standards.

Objective 2: Continue all phases of the counselor certification program, including compliance with continuing education requirements.

Objective 3: Demonstrate program effectiveness as measured by the following indicators:

- Detoxification - maintain at least 70% bed utilization; 80% completion ratio and 50% successful referrals to other treatment.
- Inpatient - maintain at least 70% bed utilization; 80% completion ratio; follow-up contact with 70% of clients 6 months after discharge; and document 80% improvement 6 months after discharge.

- Intermediate - maintain 70% bed utilization; document 70% completion ratio;75% successful referrals to employment or education programs at discharge; follow-up contact with 60% of clients 6 months after discharge; and document 80% improvement 6 months after discharge.

- Outpatient - maintain 100% of required 1/20 staff to client ratio; provide at least 2.5 counseling sessions to client per month; maintain 45% completion ratio; follow-up contact with 55% of clients 6 months after discharge; and document 80% improvement 6 months after discharge.

Objective 4: To encourage and support statewide training for treatment program personnel through qualified organizations and service providers.

Goal #3: Continue efforts to allocate resources for the purpose of ensuring efficiency, cost effectiveness and availability of services.

Objective 1: Review requests for approval of new programs, program expansions, and private for-profit programs based on ADAD review criteria and continue to discourage duplication of services.

Objective 2: Encourage program consolidation and development of multi-county or district programs.

Objective 3: Encourage all publicly funded chemical dependency programs to increase service revenue so that a minimum of 25% of the total operational budget is obtainable from this source by June, 1987.

Objective 4: Determine possible solutions to the problem of obtaining treatment for indigent clients in areas of the state which are a long distance from Galen [Regions I and III].

Objective 5: If funding becomes available, consider expansion of transitional living facilities and the purchase of inpatient beds for indigents.

Objective 6: Determine the number of inpatient treatment beds needed in Montana in cooperation with the Department of Health and Environmental Sciences and the Montana Health Systems Agency for use in Certificate of Need reviews.

Goal #4: Encourage local communities and state-approved chemical dependency programs to play the primary role in the development and implementation of prevention activities.

Objective 1: Support the current level of prevention activities in local communities.

Objective 2: Encourage and assist local schools to implement the Montana Teachers Guide for Alcohol Education in grades K-12.

Objective 3: Maintain the current level of prevention activities offered by existing programs and require that each drug clinic deliver structured prevention, education and early intervention.

Objective 4: Increase information on chemical dependency by providing sample literature and by promoting the use of federal public education media campaigns.

Objective 5: Coordinate with other agencies all aspects of Montana Court Schools [DUI], the Minors in Possession substance abuse information course and provide assistance.

Objective 6: Propose legislation to allow the department to develop standards and approve DUI and the Minors in Possession substance abuse information course operating in state-approved treatment programs.

Goal #5: Continue to assess the chemical dependency service needs of Montana and determine specific strategies to meet identified needs.

Objective 1: Based on county plans, treatment data, cost information and legislative priorities develop a comprehensive chemical dependency plan every four years.

Objective 2: Coordinate with other planning agencies to ensure a coordinated statewide planning effort for chemical dependency services.

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